1966

Yale Medicine : Alumni Bulletin of the School of Medicine, 1966-1967

Yale University. School of Medicine

YALE MEDICINE

ALUMNI BULLETIN OF THE SCHOOL OF MEDICINE / WINTER 1966

COVER: *The opportunity for a wide variety of experiences, including elective courses and research, has long been an important facet of the Yale program of medical education. Guidance from a faculty advisor, with whom the student can speak freely about his individual program and discuss problems off the record, is now offered through the Student Advisory Council.* *See page 16.*

YALE MEDICINE

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Contents

YALE MEDICINE is published three times a year — in the fall, winter, and spring — and is distributed to members of the Association of Yale Alumni in Medicine, students, and others interested in the School of Medicine. Communications may be addressed to The Editor, Room L200, 333 Cedar Street, New Haven, Connecticut. 06510.

"Just imagine some young fellow long hence stumbling on our diaries and papers and correspondence about books. I envy him to think what fun he would have. . . ." — Dr. Harvey Cushing, in a letter to Dr. Arnold C. Klebs, October, 1934. Dr. Cushing, Dr. John F. Fulton, and Dr. Klebs were the primary benefactors of the Historical Library of the Yale School of Medicine. This year marks the 25th anniversary of the opening of the library.

The New Medical Alumni Bulletin

It is a great pleasure for me to introduce the first issue of *Yale Medicine*, successor to the *School of Medicine Alumni Bulletin*. The latter has been an effective means of communication between the School of Medicine and its alumni, including those who have attended programs in public health and former house officers of the Yale-New Haven Hospital, and we hope that the new publication will be even more so.

I take this opportunity to thank Arthur Ebbert, Associate Dean, for his fine service in editing the *Bulletin*, single-handedly and anonymously, for the past twelve years. We are indeed fortunate that he will continue to give us the benefit of his journalistic skills as editor of *Yale Medicine*.

Results of the efforts of an educational institution seldom reveal themselves directly but are reflected in the accomplishments of its alumni. Therefore, it is our hope that each of you will share your achievements with us and with your colleagues. Let us know what you are doing so that the Alumni News will serve as an index of Yale's contribution to world health and medical science.

You are interested in what is going on in New Haven. Much of the space in this journal will be devoted to new developments at the School. Each year new buildings are dedicated and the appearance of the Medical Center is changing constantly. Bricks and mortar may not seem important in themselves but as a means of extending the opportunity for improving programs of education, research, and patient care they are of the greatest significance. Any medical school that fails to keep in step with the rapid advance of medicine by a balanced expansion and modernization of its facilities will soon be left far behind.

The curriculum and methods of instruction are also being updated constantly. There is little enthusiasm for extending the length of the medical course, so fields of study and teaching methods considered sacred a generation ago must be abandoned to make way for the new. As these changes take place, they will be reported.

We think you are also interested in the faculty and the students — who they are, what they think, and what they are doing in the classroom, the laboratory, the hospital, and the worldwide community we serve. As space permits, this journal will keep you informed of their activities.

Perhaps I should tell you what *Yale Medicine* will *not* be. It will not be a scientific publication in competition with the *Yale Journal of Biology and Medicine* and thousands of others. It will not be impartial; it will have a decidedly blue tinge, and we shall not be disappointed if it excites a modest amount of pride and nostalgia.

Vernon Lippard

Vernon W. Lippard, M.D. *Dean*

Dr. and Mrs. Seligson, collaborating in research on uremia, examine potassium bromide disk containing newly isolated compound. The compound, obtained from uremic patient, will be subjected to the infrared analysis.

Revolution in Clinical Pathology

Case: *In a mother's seventh month of pregnancy the amniotic fluid was tested for hemolytic disease of the fetus, suspected on the basis of two previous stillbirths. As a result of positive laboratory findings, suitable blood was obtained and an exchange transfusion was done in utero by the obstetrician. The mother was returned to her community where the baby was born healthy, on schedule.*

Case: *The patient had crashed his car into a tree. In his briefcase was an opened bottle of liquor. Although he denied that he had been drinking, a standard test of his blood for alcohol was positive. The same blood was then tested in a modern gas chromatograph and was shown to contain, not ethyl alcohol, but isopropyl alcohol, apparently drawn into the syringe from the skin surface.*

Case: *The radiological report gave no evidence of an adrenal tumor, but on the basis of excessive excretion of catecholamines and VMA, a tentative diagnosis of pheochromocytoma was made and later proved at surgery.*

Each of these instances is typical of the recurring problems at the Yale-New Haven Medical Center. A few years ago, they could not have been resolved as quickly and easily, if at all. They could not be resolved today, with the same degree of expedience, in many hospitals in the United States. Each reflects an aspect of the sweeping transformation that is taking place in Yale-New Haven's clinical laboratories.

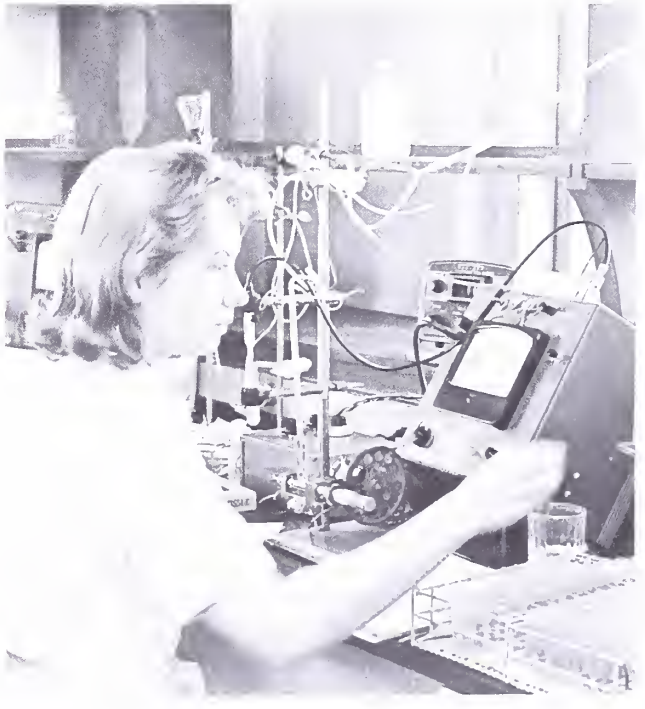
The revolution in clinical pathology at Yale is twofold. On the technical side, new methods of testing and data processing developed in the clinical laboratories are resulting in services of unmatched quality in numbers sufficient to meet the needs of patients. Last year the laboratories performed 750,000 tests in clinical chemistry, clinical microscopy, microbiology, and the blood bank.

A second and perhaps more fundamental change is the emergence of a new section of clinical pathology, or laboratory medicine, in which the laboratories and their functions have been integrated in the interests of improving teaching, research, and patient care. The section has functioned so successfully that a number of medical schools are using it as a prototype for establishing departments of clinical pathology. Further, physicians are being trained here who will be able to assume positions of leadership in the field.

The man responsible for these innovations is Dr. David Seligson, professor of medicine and pathology, and director of the clinical laboratories since 1958. Prior to his appointment, the various clinical laboratories at this center functioned independently of one another, as their counterparts still do in many university hospitals. Applying his administrative and scientific skills together with an informed enthusiasm for automation, Dr. Seligson with the help of his colleagues has launched an extensive program for the unification and mechanization of clinical laboratory services to the end that a physician can deal with one central unit for almost all clinical laboratory data related to his patients.

Thus far the experimental pattern for automation and data processing has been evolved in the clinical chemistry laboratory. Dr. Seligson, who holds a doctorate in biochemistry in addition to the M.D. degree, had already developed several technical methods for refining and speeding the analysis of body chemicals before assuming his present post. At Yale he took over a laboratory that had pioneered in the introduction of biochemical and other modern techniques of medicine. One example was the first medical application of the flame photometer, now a standard item of equipment in hospitals everywhere. The original instrument acquired by Yale in 1947, and adapted to measure sodium and potassium concentrations in serum, has since assumed the aura of a museum piece. Miss Pauline Hald, co-director of the clinical chemistry laboratory — who proved its validity

Little analog computer calculates concentration of bicarbonate in serum and presents analytic result on digital volt meter. Dr. Seligson favors more automation but cautions that clinical laboratories must provide all services, when needed, and not limit testing to what machines will do.



and accuracy as an analytic tool to replace the tedious and time-consuming gravimetric and titrimetric methods previously used – keeps the venerable machine on display in her office. She also uses it to introduce student technologists to the principles of the more advanced spectrophotometers and colorimeters with which tests are now performed in the laboratory.

With the original flame photometer, it was necessary to transfer the data appearing on a galvanometer to a standard curve for final calculation. To bypass this step, which was time-consuming and subject to human error, Dr. Seligson and his colleagues developed, in 1958, the first direct readout machine on which the analytical results were presented in numerical form within seconds. Such readouts are essentially small analog computers. They are now used in the laboratory on all types of analytical instruments including the atomic absorption spectrometer that was installed in 1962. This instrument, one of the first to be applied in a hospital or medical research environment in this country, measures calcium and magnesium with greater accuracy and specificity than was ever before possible.

The various automated instruments that perform the computations while the analyses are being made are all designed and built in the clinical laboratories. Currently under construction is an automatic sampling device that will tie the analytical instruments in with a data logger to produce a system of full automation.

"Our aim," says Dr. Seligson, "is to link all the laboratories to one centralized, computerized system in order to provide the highest quality of service on all patients, children and adults, at any hour of the day or night."

Dr. Seligson's concern with accuracy and speed in clinical laboratory testing reflects a nationwide problem with which every physician is familiar. The increasing requirements of doctors for more laboratory services, and the better understanding of their patients that a full spectrum of tests provides, has brought a one hundred percent increase in the work of the clinical laboratories in the past five years. Dr. Seligson estimates that the present work load will more than double in the next five years. Thus, on the basis of volume alone, the new techniques of testing and automation will enable the laboratory to provide the needed services. In some instances, such as those cited earlier, their value is critical. It is not unusual for a physician to bring a sample to the laboratory and wait the few minutes required for his report in order to make an important decision regarding a seriously ill patient. But this procedure is neither necessary nor practical in most instances of testing, and it is to a broader problem of communication that Dr. Seligson is now directing his concern.

All automated instruments used in the clinical laboratories are designed and built here.

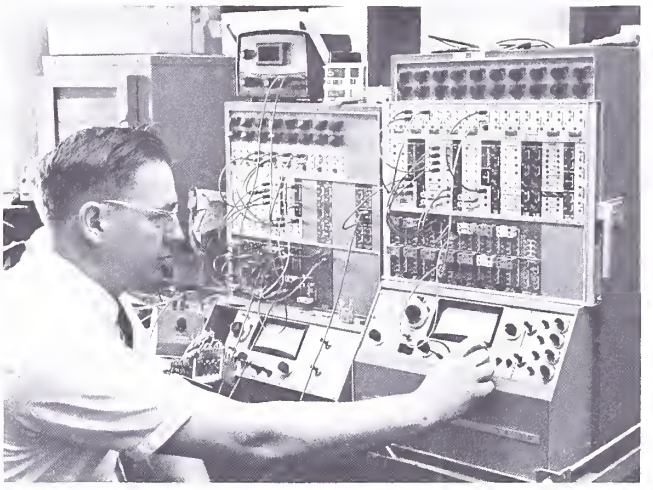
"The problem," he says, "is to develop a language that the physician can use and give to a machine, that the machine can then process, store, and retrieve, and subsequently give back to another physician in a form that he can use. The written word and number cannot be handled directly in this way. The medical record, as we know it today, cannot be transferred from physician to machine to physician.

"We intend to find a way of formatting data so that the physician inspecting it gets a suitable interpretation of its meaning and sees at once how it deviates from normal. He should not be confronted with printed data that looks like a telephone book."

Experiments in the laboratory to establish a new format for electrophoresis reports have proved highly successful. Automated electrophoresis measurements recorded on a paper pattern, are scanned and the signal is stored in an analog computer. The calculations are then made in the computer and drawn directly onto a report form in such a way that the protein pattern and its relationship with normal values can be seen immediately.

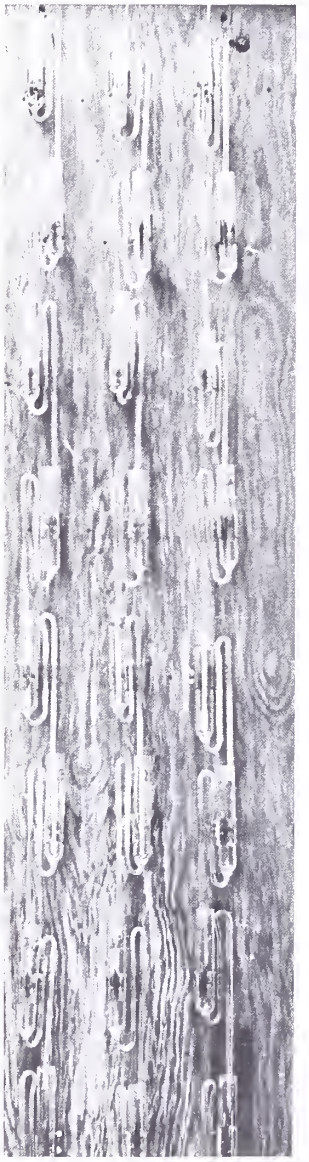
Last year the laboratory instituted a data logging system that transfers information from the analytical instruments to a Hollerith card, simultaneously printing and punching the data to render the report both human-readable and machine-readable. Machine reading can be done by a simple card sorter or by a general purpose digital computer which Dr. Seligson hopes to acquire for the laboratories. As a prelude to the computerization of reports, he has just this year initiated a cumulative report format whereby a patient's record can be updated each time new information is obtained by the laboratory. The physician is now able to study the data easily, in serial fashion, without having to thumb through the patient's chart. Temporarily, the reports are being issued as photocopies. When a computer system is functional, it will employ the new format in presenting the cumulative report.

In working out the mechanics of the new system, Dr. Seligson is ably assisted by Mr. Donald K. McKay, a technical specialist in instrumentation, and by a group of graduate students in engineering who are studying the applications of a computer to the work of the laboratories.

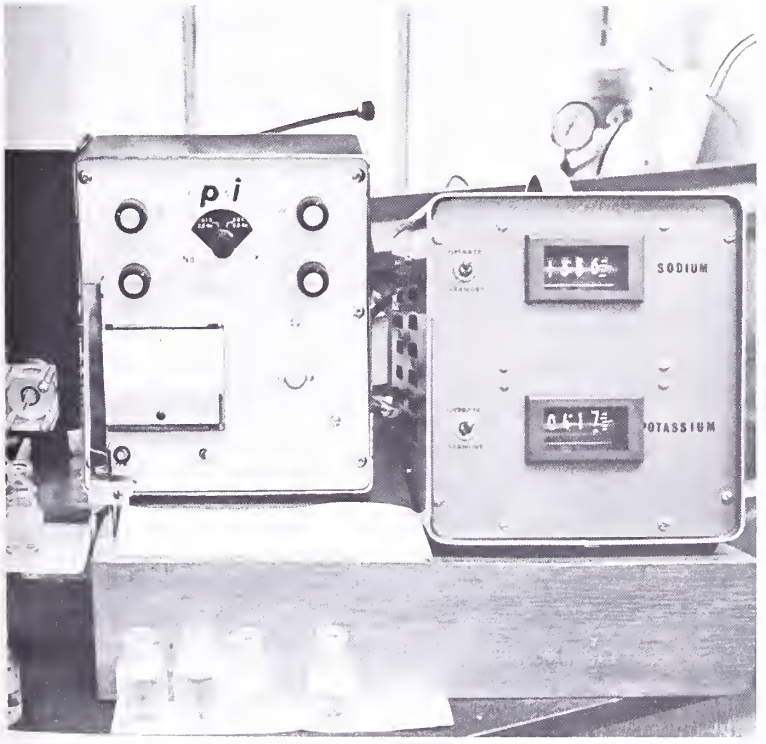


Mr. McKay programs analog computers that will define new instruments and test new chemical programs.

System of continuous dialysis for determination of protein-bound iodine uses glassware blown in the laboratories. Twenty nanograms of iodine are routinely measured.



Flame photometer automatically reads and presents concentrations of sodium and potassium simultaneously from minute samples. Process takes 30 seconds.

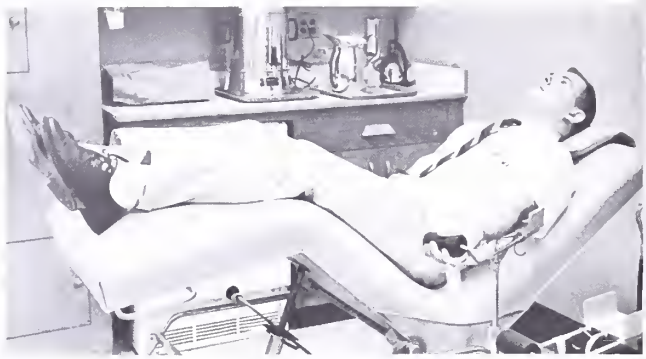


With the unification of the clinical laboratories, and in keeping with the growing recognition of clinical pathology as a discipline of academic medicine, the professional competence of the laboratories has been developed to a high degree. The several subdivisions of the section are headed by research physicians who are specialists in their respective fields. Assisting them is a large staff of well-trained senior technologists who are themselves specialists in the work of their particular laboratories.

Dr. Joseph R. Bove, associate director of the clinical laboratories, is an immuno-hematologist who has done extensive research on the antibody response in patients following blood transfusions. As director of the blood bank, he supervises the blood transfusion service and is notably successful in obtaining rare bloods for desperately ill patients. He has considerable experience in the use of red cell antigens for studying genetic patterns. For example, he is an expert in paternity testing and has participated in an anthropologic-genetic study of Peruvian Indians.

Dr. Alfred Zettner, director of the clinical microscopy laboratory, is a nationally known authority on atomic absorption spectrophotometry and has developed new techniques for measuring calcium, magnesium, iron, and several trace metals. Dr. Yale Nemerson, who heads the coagulation unit, is an expert in problems of hemostasis. He provides laboratory services as well as consultation for patients suffering with special bleeding problems. His own research deals with the biochemical factors related to the coagulation mechanism.

Dr. Alexander W. C. von Graevenitz, director of the clinical microbiology laboratories, is a specialist in the

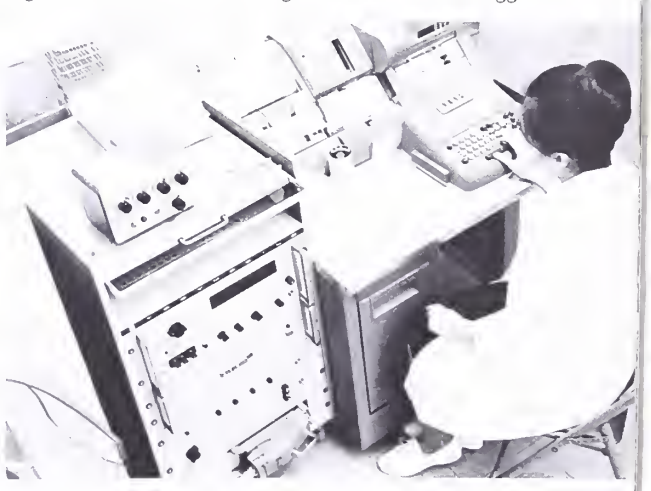


Blood donor center is equipped with adjustable contour couches for donors' comfort.

Workings of automated analytic instrument are explained to a resident by Miss Hald.

Dr. Nemerson (left) and Dr. Bove measure an isolated protein in a spectrophotometer. Dr. Seligson maintains that all tests must be highest possible quality — "Data that's not good enough for clinical research is not good enough for the practice of medicine."

Data logger takes information from each analytical instrumen and presents it in machine-readable form for computer process ing. All instruments are being connected to data logger.



technical aspects of clinical bacteriology and in the "non-pathogenic" bacteria found in extremely ill patients.

In the clinical chemistry laboratory, Miss Hald brings to her post as co-director 30 years of laboratory experience and wisdom. Research studies in this unit include Dr. Seligson's own work on uremia. In collaboration with his wife, Mrs. Harriet T. Seligson, a trained biochemist, he is isolating and identifying the abnormal compounds that circulate in the blood of uremic patients.

Through its teaching functions, the clinical pathology section is preparing physicians who will help extend the concept of integrated, automated laboratories to other medical centers. Courses for medical students in laboratory methods and the interpretation of laboratory data begin in the second preclinical year. In addition to teaching these subjects, Dr. Seligson and his associates supervise student research projects in laboratory medicine for fullfillment of the dissertation requirement of the school and provide individual instruction for residents on problems of laboratory medicine as it relates to their patients.

The revolution in clinical pathology, Dr. Seligson points out, is world-wide; but just as all fundamental transitions in human society vary from one group or location to another, so the progress of this revolution varies considerably from one medical institution to another. The use of advanced techniques and tools, together with streamlined organization, has placed the Yale-New Haven Medical Center clinical laboratories in the forefront of the movement.

Anatomy Demonstrations Telecast

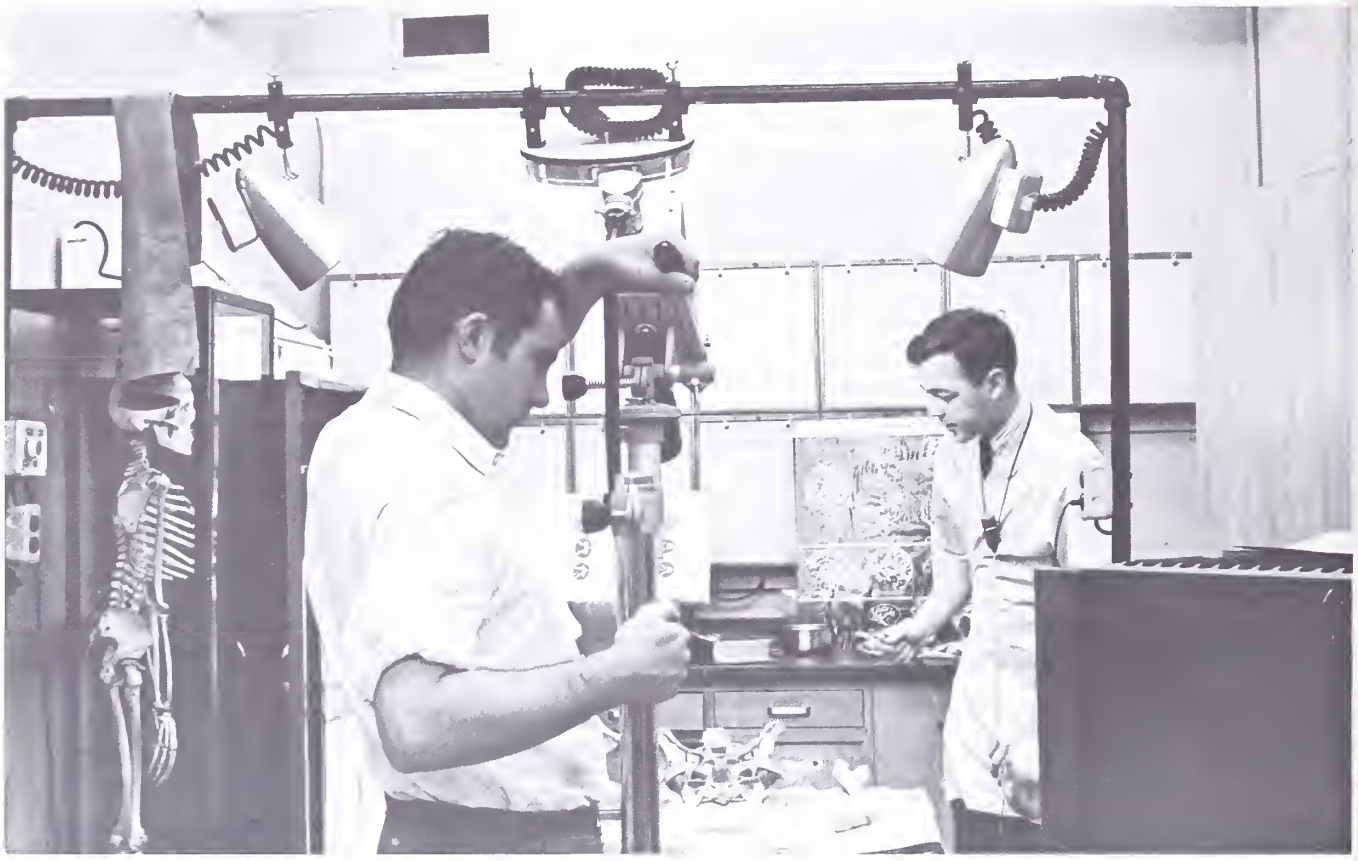
Dr. Gardner: "The most exciting thing is that the . . . technique allows more time for the instructors to work intimately with the students."

Among the many things in life and art that will never be the same as they were before television is the prosection of the infratemporal fossa.

Formerly, when first-year medical students at Yale watched anatomy prosections in groups of 12 or 14, it was possible for only one student in each group (or two at the most, forehead to forehead) to peer directly into the three-inch deep infratemporal cavity while the instructor identified and explained its parts. The others in the group, unable to see what was being demonstrated, could only try to visualize and commit to memory the divisions of the trigeminal nerve and the branches of the maxillary artery.

The close view that was once available to only a few students is now shared, via closed circuit television, by 80 students simultaneously, each of whom benefits to a far greater degree than before. What appears on screens in the four student laboratories is a larger-than-life image in which each structure is optically resolved to fine detail. Because the demonstration is recorded on videotape, it can be repeated as many times as one or more students wish to study it while performing their own dissections. Finally, and perhaps most important, it is possible with videotape to select and record for demonstration examples of structures that are considered normal as well as those that exhibit the most frequent variations and anomalies.

The Department of Anatomy, under the chairmanship of Dr. William U. Gardner, began using television for teaching purposes two years ago. At first, the prosections were telecast live from the studio laboratory to the four student laboratories. While the system was a marked improvement over the pre-television method of demonstration, it was technically cumbersome. Frequent adjustments of camera and lights caused delays. Further, when an atypical structure was revealed in the prosection cadaver, its variation from the norm had to be explained to students who had not yet seen a typical example of that structure.



Demonstration by Dr. O'Dell W. Henson, Jr. (right) is televised in studio laboratory with Mr. Audette at camera. Cost of all equipment was met by grants from Medical School Alumni Fund.

Since the fall of 1965, the prosections have been taped in advance. Screening and editing of the tape allows the instructor to correct inadvertent mistakes in his discussion; and if he feels that a particular sequence needs further clarification, it can be erased from the tape and reshot. For the instructor, the system also provides a superb opportunity for the evaluation and improvement of his teaching.

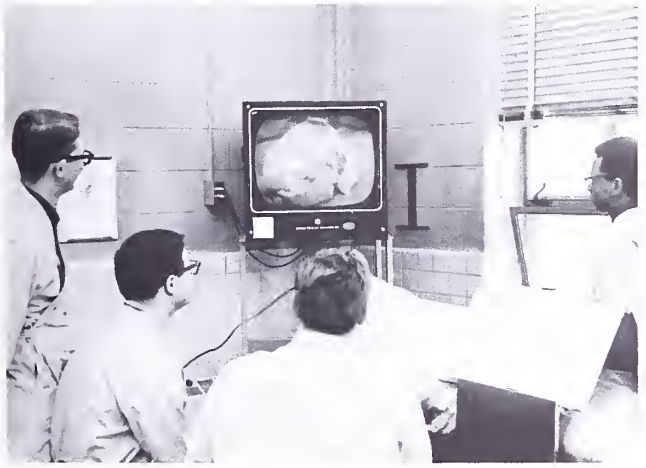
As on-camera teacher in the anatomy laboratory course for first-year students, Dr. Edmund S. Crelin, Jr. is painstakingly thorough. "It may take us six or seven hours to produce a 40-minute taped prosection," he points out, "but the result is well worth it. We know that the demonstration is as accurate and clear as we can make it. Before we began using television, the prosection usually took most of the morning. It was impossible for the students to complete their own dissections during the class period and they frequently had to work into the evening. Now they can finish in half the time and they've learned twice as much."

Most students take advantage of the opportunity to restudy sequences of the video demonstration while they are performing their own dissections. As Dr. Gardner explains it, "We learned a lot from the instant playback technique in football telecasts. If you miss something the first time around, you have a chance to get it on the rerun."

Since the study of anatomy does not change significantly from year to year, a prosection tape can be used many times over. (The manufacturer guarantees the quality of the tape for one thousand showings.) This year the tapes prepared for the human anatomy laboratory course are serving the needs of upperclassmen as well. Fourth-year students who are planning careers in surgery have been meeting one evening a week, on their own, to review their laboratory work by screening the prosections currently being demonstrated in the first-year course.

Advanced and specialized courses offered by the department also make use of the closed circuit system.

Dr. Crelin, demonstroting skull structure on comera, can check picture on monitor ot right.



Videotape recorder ollows telecast demonstrotions to be repeoted mony times over.

This winter, for the first time, demonstrations are being recorded on videotape for neuroanatomy, under the direction of Dr. Jerome Sutin; in microscopic anatomy, under Dr. Russell J. Barrnett; and in human development under Dr. William E. Koch.

The growing library of tapes is being used extensively by members of the house staff who are preparing for their specialty board examinations, as well as for the instruction of graduate students working for the Ph.D. degree in anatomy. In addition, on one afternoon each week residents from five Connecticut hospitals who are enrolled in a postgraduate anatomy course meet in the department to screen demonstration tapes before performing their own surgical dissections.

The introduction of televised teaching in the department early in 1964 was primarily the result of Dr. Crelin's efforts and interest. Five years earlier, as a member of the building committee for the Mary S. Harkness Memorial Auditorium, he had planned the audio-visual installation by means of which live telecasts of surgery

and of patients for grand rounds are projected in the auditorium for clinical instruction. With the knowledge gained from that experience, Dr. Crelin was able to design and equip the smaller installation for the teaching of anatomy at a minimum of expense. The total cost to date for equipment – including camera, monitors, videotape recorder, tape supplies and lighting – has been less than $25,000. The cost has been met by grants from the Medical School Alumni Fund.

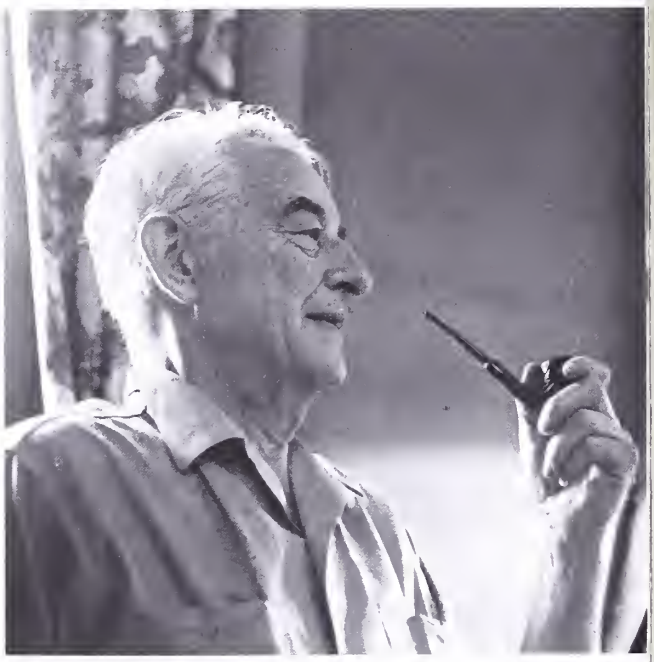
Responsible for the technical operation of the closed circuit system is Mr. Louis G. Audette, a graduate student in anatomy who also holds a Bachelor of Fine Arts degree from the Yale School of Art and Architecture. Entering the department when plans for the new teaching medium were just beginning to materialize, he became interested in the project and mastered the techniques of television production within a few weeks.

The successful application of televised teaching in the Department of Anatomy undoubtedly heralds more widespread use of the medium in the School of Medicine. Studio installations are in use in the hospital in the Dana operating room, the Fitkin amphitheater, and the Memorial Unit; and, as noted earlier, telecasts from these locations have been employed for clinical teaching in the Harkness Auditorium. Dr. Gardner and his colleagues look forward to the establishment of a centralized audio-visual unit for the entire Medical Center in which a full-time staff of technicians, artists, and other personnel would service television communication for all teaching programs as well as for patient care.

In answer to the criticism, sometimes voiced in educational circles, that television tends to "dehumanize" teaching, Dr. Gardner expresses the opposite viewpoint: "To us the most exciting thing is that the utilization of a mass demonstration technique allows more time for the instructors to work intimately with the students in the laboratory. The tremendous saving in time is actually a saving in manpower. Without the telecast demonstration, we would need at least one additional instructor in order to achieve the same quality and quantity of teacher-student contact. Far from having a dehumanizing effect on the relationship, the use of television has increased our opportunities for contact with individual students and with the problems they face in comprehending human morphology during the comparatively short time available in the intensive medical curriculum."

A Polyhedral Man

Faculty Profile: *Harry S. N. Greene, M.D., C.M.*, Anthony N. Brady Professor of Pathology



He decided to become a physician because he liked horses. When he accepted an appointment at Yale, it was mainly because he wanted to go fishing in the nearby Rhode Island swamps. Reviewing a career studded with such anomalies, Dr. Greene comments, "I've made most of the important decisions in my life for the wrong reasons." To his colleagues in medicine, including hundreds of men and women who have been his students, his peculiar blend of personal diffidence and defiance has been both baffling and endearing. Infinitely more important from their viewpoint, however, is that his decisions have been good for the advance of medicine.

A pioneer in cancer research 30 years ago, Dr. Greene developed techniques of transplanting tumors that formed a major contribution to the understanding of diseased tissue as well as to the entire field of tissue growth. His discovery that cancerous tissue will continue to grow when transplanted in a laboratory animal, but that healthy non-cancerous tissue will not, provided a means for early diagnosis of cancer in humans. Further, his discovery that healthy embryonic tissue will also grow when transplanted first suggested a relationship between cancerous and embryonic tissue.

In experiments with animals, he has replaced various endocrine glands with embryonic gland tissues. The transplants have functioned so successfully that removal of their adult counterparts has not interfered with the normal life of the animals. In recognition of his vital re-

search contributions, Dr. Greene received the Association of American Medical Colleges' Borden Award in the Medical Sciences in 1956.

As chairman of the Department of Pathology, he devotes a good part of his time to educational activities. The department, in addition to teaching the courses in pathology that are offered as preparation for the M.D. degree, conducts postgraduate research training programs in cancer, cardiovascular and respiratory disorders, and in neuropathology.

When Dr. Greene accepted the departmental chairmanship 16 years ago, it was with the understanding that administrative duties would not interfere with his research. "We are free here," he points out. "This department is one of the last strongholds of liberal democracy. I won't dictate anybody's research. Each member of the department is free to do what he wants, and there are enough of us so that each can spend about three-quarters of his time on research — and does."

In one area of his own investigations, Dr. Greene has taken a position contrary to that of most of his colleagues in medicine. His experiments with lung tissue and tobacco tars have produced no evidence of a relationship between smoking and cancer. "The so-called evidence that smoking causes lung cancer is entirely statistical," he says, "and statistics are subject to different interpretations. One British study seemed to indicate an actual correlation until it was shown that men in the heavy cigarette-smoking group who also smoked a pipe had no greater incidence of cancer than non-smokers." He points out that the growing number of people in the age group most susceptible to lung cancer, together with vastly improved diagnostic facilities, have contributed to the apparently increased incidence of the disease. He himself smokes about two pounds of pipe tobacco a month.

In the summer of 1964 the New Haven medical community was stunned to learn that Dr. Greene had suffered the symptoms of a cerebral hemorrhage while on vacation in Maine. Rushed by ambulance to New Haven, he was hospitalized for four months, but the exact nature of the condition was never diagnosed. Now fully recovered, he speculates on the cause of the crisis with typically wry humor. "I don't believe it was a cerebral hemorrhage and I finally figured out the true cause. We had bought a television set that summer in order to watch the political conventions. One night Barry Goldwater stepped right out of the screen and hit me over the head with an ax!"

The polyhedral personality of Harry Sylvestre Nutting Greene encompasses (in addition to a fervent Democrat) an expert fisherman, a collector of antiques, a remodeler of old houses, and one who loves fields, woods, and farm animals.

He was born in 1904 in Woonsocket, Rhode Island, the third of five boys. His ancestors had come to that area in colonial times, and as loyalists, had migrated to Canada during the Revolution. It was his grandfather, the inventor of a machine for napping fabrics, who returned the family to Rhode Island to share in New England's burgeoning textile industry. Dr. Greene's father, however, became a lawyer and entered politics, serving for many years as mayor of Woonsocket and later as a Superior Court judge.

Dr. Greene was four when his family moved from Woonsocket to the smaller community of Slatersville. "I had a glorious boyhood there," he recalls. "Everyone should have the joy of a country childhood, and I'm glad I've been able to give it to my children. The only trouble is — there are no ice wagons any more." The fun of jumping onto horse-drawn ice wagons inspired in him a life-long fondness for horses. When he finished high school he went to Brown University in order to remain near the horse he kept at home. A few years later another horse played the deciding role in his choice of a profession. As he tells it:

"One day when I was home from college my father asked me what I was going to go in for. For no proper reason, I said medicine. If there was a reason it was because the doctor in our little town used to drive around in a buggy behind a beautiful sorrel mare. My imagination always placed me in the driver's seat."

For medical school he decided on the Faculty of Medicine of McGill University both because of its fine reputation and because of his own Canadian family ties. ("Also, those were prohibition days in this country," he adds.) But getting into McGill was not easy. When he approached his chemistry professor for a letter of reference, he was told, "I'll write you a letter but I'll damn you with faint praise." Brown's president at the time was a biologist. "I decided I would go to the top," Dr. Greene recounts. "The president knew very little about me — only that I had skipped a lot of classes and had spent most of my time reading in the library — but I think he just wanted a Brown man at McGill. He wrote a letter for me and I got in."

The medical training program at McGill was then a five year course, the final year being an unpaid externship. That last year, according to Dr. Greene, nearly finished his medical career. "At the end I was broke. Had sold everything including my microscope and tuxedo. I'd even applied for an American consulate job in Poland.

One day when I hadn't eaten for three days I went to a urology conference. The professor, old Dr. MacKenzie, had a patient on the table with a severe pain in the upper abdomen. None of his staff had made a correct diagnosis and when he asked for a volunteer among the students, I responded. I went down and talked to the man, but I was so light in the head from hunger that my brain felt numb. Pain in the stomach, I thought, at a urology conference? So I said 'gastric crisis of syphilis,' and it was right. MacKenzie offered me a job on the spot and asked when I could start. I said, 'Right away, if I can get some lunch.' "

The job was primarily clinical, however, and Dr. Greene's interests were already leaning toward research and teaching. When an instructorship opened in the department of pathology, chaired by Dr. Horst Oertel, he took it.

His move to the Rockefeller Institute in 1931 began as a near miscarriage, again for the wrong reasons. "They were looking for a man with my qualifications, and Dr. Oertel thought it would be a great opportunity for me. I told him I was definitely not interested. I didn't want to live in Cleveland and I couldn't care less about bacteriology." That would have ended it had not Dr. Oertel explained that the Institute was located in New York and that it conducted research in many fields other than bacteriology.

Dr. Greene's ten years with the Rockefeller Institute were deeply rewarding, both to him and to medical research. It was there that he began his investigation of tissue transplantation and its application to cancer studies.

His first invitation to join the Yale School of Medicine came in a telegram from Dr. Milton C. Winternitz, who had recently left the deanship of the School and resumed his previous post as chairman of the Department of Pathology. Dr. Greene's initial response was negative; he liked what he was doing and saw no reason to change. A second offer, in 1943, happened to coincide with the opening of the fishing season. He thought of Rhode Island's Great Swamp (two hours by car from New Haven) — a magnificent stretch of wild marshland threaded with streams and ponds where pickerel and

A major contribution: Dr. Greene's laboratory research on tissue growth.

horn pout bite like mosquitoes — and he came to Yale.

Apart from its proximity to Rhode Island, Connecticut stands on its own merits with Dr. Greene as a place to live. He and his wife, Jean, and their two daughters — Susan, 9, and Melissa, 8 — make their home in a rolling, wooded section of Guilford called Podunk, some 15 miles east of New Haven. They live in a handsome white colonial house, outsized salt box in style, built in 1733 and shaded by venerable sugar maples. Dr. Greene has renovated the interior entirely by himself over the past decade. A self-taught craftsman in carpentry, refinishing, and masonry, he has restored the rooms to their original form using ancient boards, some from demolished barns, others purchased at Maine auctions. Outside, attractively landscaped lawns stretch back to a fenced pasture and shed where, until Dr. Greene's illness of two years ago, the family kept sheep, ducks, geese, turkeys, and several varieties of chickens including Cornish game hens and guinea fowl.

Dr. Greene tells how he and his wife acquired the place: "We had been living in a remodeled chicken coop in Northford. Before Susan was born we began looking for a house and found exactly what we wanted at Podunk. The owner lived just up the road and I had been told that she wouldn't sell, but I figured I might persuade her so I went to her home. We talked and I wasn't getting anywhere until she showed me her garden and asked me how I liked it. I told her it was horrible. Needed fertilizer. 'Now look,' I said, 'I have a laboratory full of rabbits in New Haven and I'm going to bring you a load of rabbit manure.' That got her. She sold us the house. She recognized the swamp Yankee in me because she was one too."

For fifty years, Dr. Greene has spent his summers in the Rangeley Lakes district of Maine. He fishes, loafs, grows a magnificent beard, and goes to auctions. "You can pick up wonderful old things at Maine auctions, valuable antiques selling for practically nothing. Every summer we come home with a station wagon full of them."

Among the collector's items of medical interest that he keeps in his office on the first floor of the Brady Memorial Laboratory building is an antique microscope. "I have the tube filled with paper. You can't see a thing through it. Once in a while I get it out for a surgeon who asks to see some tissue he has removed. I say, 'You see the anaplastic cells in disorganized arrangement?' and invariably he says, 'Certainly — most interesting!' "

On the shelf beside the microscope are several nineteenth century patent medicine bottles. One that he particularly likes is labeled *Dr. Greene's Nervura — Blood and Nerve Remedy*. It is described as being good for "weak and shattered nerves, tired brain, epileptic fits, hysteria, paralysis, and numbness." Comment by the real Dr. Greene: "Whiskey, obviously."

One wall of the office displays a small, delicate painting of a barn and hay wagon. Signed *Judy Greene*, it was done by his eldest daughter, of his first marriage, when she was eight. Judy, now 27, is still a painter, as well as a mountain climber and ski instructor. "She's doing all the things I would like to have done," her father says with unreserved pride. "Lives in Colorado in the winter and spends summers traveling all over Europe by car with her dog, a husky. She plans to be the first woman on the peak of Everest. I brought her up on fly catalogs instead of Mother Goose."

When Dr. Greene inherited the office from his predecessor, Dr. Winternitz, the walls were pink and the floor was black. Appropriately, he changed the color scheme to green, but he kept the late-Victorian bronze chandeliers Dr. Winternitz had brought from his Sterling Hall office when he retired as dean. Last summer Dr. Greene returned from his vacation to find a glass pipe running incongruously across his ceiling between the ornate chandeliers. "Some sort of drainage system for the new otolaryngology quarters under construction upstairs," he says with patient resignation. "We all have space problems." His face assumes the serious mask that invariably precedes a quip, and his quips are rarely without a significant point. "I'm thinking of dividing this office in two and setting up a barber shop in the other half. We might make some money to run this underprivileged department."

The Greenes at home in Podunk.

Student Advisory Council

Each Yale medical student in the classes of 1967, 1968, and 1969 has a faculty advisor as the result of a plan initiated three years ago on a trial basis. So far, the advisory program has been received enthusiastically by all concerned.

In the fall of 1962, an ad hoc committee on educational policy recommended that selected faculty members be appointed as advisors to students in the preclinical years. As was noted at the time, the opportunity for a wide variety of experiences, including elective courses and research, is inherent in the Yale program of medical education, but there was concern that the majority of students required more guidance in the development of their individual programs, especially in the first two years. The recommendation was accepted by the School's Board of Permanent Officers in the spring of 1963, and an advisory program was planned for students entering the following fall.

Twenty faculty members from preclinical and clinical departments were invited to participate and were designated as the Student Advisory Council for the class of 1967. The advisors were younger faculty, below the rank of professor, and each advisor was assigned four entering students. An orientation meeting was held in June to discuss objectives: (1) to help the student better appreciate the relationship between the basic medical sciences and clinical medicine, (2) to guide the student in the selection of elective courses and in the use of elective time, and (3) to assist the student in starting a research project for the M.D. thesis.

At a second meeting in September just prior to registration of new students, the advisors were given the names of their four students and information regarding the student registration procedures. The following week, students met their advisors at a tea for the entering class.

The participating faculty were urged to impress upon the students that the advisor's function was not to supervise or evaluate student performance but rather to be a friend on the faculty to help the student get the most from his preclinical years.

Once the program was under way, the advisors were encouraged to act in the manner which they felt was most effective and also to consult freely with the Student Advisory Council chairman when questions or special problems arose. In a group meeting of the advisors at the end of the first semester, they discussed their experiences and exchanged ideas. As the first year ended, comments from students and advisors indicated that the program was worthwhile.

Because of this initial success, the advisory program was continued for the first year class entering in the fall of 1964; twenty additional faculty members were selected to serve as the Student Advisory Council for this class. A third group of twenty faculty was appointed for the class entering in the fall of 1965.

Originally it had been proposed that participating faculty serve as advisors to their four students only through the two preclinical years. In 1965, after two years of experience with the program, it was decided that advisors should continue to serve the same students throughout the medical course. This modification had strong general support. As one advisor commented, continuation of the program throughout the student's entire medical course is important because the better the student and advisor know each other, the more valuable the relationship. It was felt that in the clinical years the advisor could continue to assist the student in choosing elective courses and also aid in his plans for internship and further training.

The Student Advisory Council supplements, but in no way replaces, the counselling that takes place in the Dean's Office. It is expected that students will continue to consult the associate dean regarding academic, financial, and personal problems. The Council provides an informal and unofficial relationship. The student is under no compulsion to see his advisor regularly or at set intervals. Most advisors meet their students individually or as a group on several occasions during the academic year and are available when questions arise. It is felt that every student will welcome a faculty friend with whom he can speak freely and discuss problems off the record.

The Student Advisory Council is under the chairmanship of Dr. Arthur Ebbert, Jr. The following faculty members are serving as student advisors:

For the class of 1967—Drs. W. Adams, Bertino, P. Calabresi, Conn, Finch, Gluck, Hukill, Kantor, Kase, Kashgarian, Levitin, Lipsky, Lubs, R. McCollum, McGuire, Mulrow, Talner.

For the class of 1968—Drs. Amatruda, Andriole, Braverman, Delgado, Ferris, Hales, D. Higgins, Hilding, J. Hollingsworth, Lee, Lytton, D.G. Miller, N. Morris, Perillie, Scheig, Schmidt, Solitare, Vidone, von Essen, Willenkin, Wood.

For the class of 1969—Drs. E. Atkins, Byrne, Cahow, J.E. Coleman, Downing, Errera, Feinstein, L. Freedman, T. Gardner, Hume, Klaus, R. Levine, M. Lewis, McKegney, Melnick, Nemerson, Niederman, Scatliff, Snell, Spiro, Sulavik.

An African Summer *by Robert McRoberts, '66*

While the jet engines roared, trying to maintain low altitude, the plane banked to the right and I was able to get my first view of Liberia. The color below was a dark, almost black, green. The forests along the coast were thick. It was the rainy season and, though the sun shone brightly, the runway ahead was wet. The plane leveled off somewhat awkwardly and before we landed I gulped down two anti-malarial tablets (as suggested by the airline pamphlet) and hoped that I was ready for my ten-week stay in Africa.

I spent almost the entire time at the Ganta Methodist Mission Hospital, "up country" in the hills of eastern Liberia. The small town of Ganta, about 180 miles from the coast, was situated alongside a bumpy, dirt road approximately one mile from the Guinea border. The mission was founded about 40 years ago by Dr. Harley, a medical missionary. He started his project by opening a clinic. Over the years the clinic facilities have been expanded, a hospital has been built, and a few years ago a nursing school was added. Outside of the hospital and clinic, perhaps the biggest project is the elementary school, with grades one through nine, which is staffed for the most part by the missionaries and by native teachers who have received their education in Liberia. Recently, one or two Peace Corps volunteers have also held positions on the teaching staff.

Dr. Lois Zimmerman, an American woman surgeon, was the only physician at the mission during most of the time that I was in Ganta. Bill Cobb, who was another Smith Kline and French Fellowship student, and I were the other " doctors" who, with Dr. Zimmerman, headed the medical staff at the hospital. Among the three of us we managed a ward of 30 patients, conducted a clinic in which we saw about 120 people each day, and performed eight to ten elective operations every week. Bill

". . . honest, friendly, and hopeful people . . ."

and I would assist Dr. Zimmerman on alternate days. On the days when we weren't assisting, one of us would start the clinic line, to be joined later in the morning by the other two. Usually all three of us would see patients during the afternoon. Hospital rounds were held each morning and after supper. At night we took turns being on call.

Two American nurses, a Swedish midwife, an American laboratory technologist, and a number of Liberian technicians comprised the nursing and technical personnel. Uniola Adams, who was a 14-year veteran of missionary work on the China mainland before she found it necessary to leave there in the early 1950's, has been in Ganta for the past 13 years and is the unofficial dean of the nursing contingent. I don't believe a more tireless worker exists. I'd hate to guess her age but she's probably close to 60 and is seemingly endowed with the zip of a teenager and the stamina of a draught horse. The Swedish midwife, Ruth Eriekson, possessed similar qualities although she was a few years junior to "Uni." The other missionaries were all extremely capable.

A leprosarium, also run by the mission medical staff, was located along the top and side of a gently sloping, tree-lined hill a short distance down the road from the hospital. Housing the lepers as well as their families,

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Mr. McRoberts, as recipient of a Smith Kline & French Laboratories Foreign Fellowship awarded by the Association of American Medical Colleges, spent ten weeks in the summer of 1965 at the Ganta Mission Hospital in Ganta, Liberia. Five years earlier, the first Yale recipient of an SKF Foreign Fellowship, Ronald A. Dierwechter ('61), had worked at the same hospital. A letter from Dr. Dierwechter, now serving at a mission hospital in Il-Maten, Algeria, appears in the Alumni News section of this issue.

the colony was more a community of people living and working together than a settlement of outcasts as perhaps it may have been when the disease was more widespread and, before the efficacy of drug therapy, more infectious. The inhabitants of the neighboring villages weren't frightened by the lepers, and superstitions implicating them weren't rampant as I had half expected. Those individuals whose disease had reached an inactive or non-infectious stage while on medication, and who could be maintained on an outpatient basis, were encouraged to leave the colony and find work on farms or in the nearby villages.

Each year many patients are discharged from the colony on this very basis. Almost all of them, though, have to take daily or weekly medications, sulfone derivatives in particular. Because of their large number, Uni Adams, who administered the outpatient program, found it easier to bring the medicines to the patients than to have them make long trips two or three times each month to the colony. To accomplish her task, Miss Adams drove the mission bus on scheduled days to appointed meeting spots, or out-stations, that were located throughout the county. In all, there were about twenty of them. Not only were medicines dispensed, but skin-snips were obtained to determine whether a patient was once again harboring the M. leprae bacillus. In addition, the patients' minor complaints were looked after. Anyone needing more vigorous treatment was taken back to the hospital on the bus.

Before departing for Africa I had some vague ideas about tropical medicine. Whenever I had thought about it in the past, the picture of the man squatting barefoot on the familiar hookworm posters usually had come to mind. And that's where, I think, the "vague ideas" started because I could never remember the life cycles of the various parasites or the role of the intermediate hosts if, indeed, there were any.

Upon arriving in Ganta, I soon discovered that tropical medicine would be considered a general practice by American standards. For example, on any given morning the first five people in the clinic line might include a child with amoebic dysentery, a man suffering for a long time with onchocerciasis, a boy whose blood smear for p. falciparum is 6 plus positive, a pregnant mother of eight who complains of back pain, and an old man whose scrotum extends almost to his knees. Later in the morning things might become somewhat more hectic. While you are examining a child with chicken pox, you send a man who has obviously broken his femur to the emergency room, and hope that the woman who has just been taken into the examining room doesn't have an ectopic pregnancy as suspected. It's hectic because you can't send the man with the broken femur to X-ray. Instead you do the alternative: that is, you roll out the old U.S. Army field unit and trust that there'll be enough power to take a respectable film. You can't send the pregnant women to surgery for, unlikely as it might seem, you are surgery! In many ways one might consider such an experience a rotating internship. But instead of rotating every two months, you rotate with each new patient.

While in medical school, a third-year student rarely gets an opportunity to determine and initiate treatment. This is a matter which should not be attempted by the untutored. And in school someone with a guiding hand, be he a section chief or the ward intern, is usually nearby to help the student avoid the obvious pitfalls. Unfortunately, such help is not always available at a location nearly 200 miles into the African interior and it was necessary, on occasion, to make life-threatening and life-saving decisions by oneself. One had to be responsible. For me, accepting this challenge of responsibility was, perhaps, the most exhilarating and exciting part of my short stay in Africa.

The natives of Nimba County, where the Ganta Mission Hospital was located, spent most of their everyday lives in and about the many small villages that were scattered throughout the county. A native's contact with his neighbors, close or far, usually depended directly upon whether or not he lived beside one of the "mother" roads — a small number of dirt roads that twisted through the country. They were constructed and maintained by the government. Because of the limited number of such roads, most of the villages existed by themselves, completely cut off from their neighbors.

Other factors contributed to the lack of communication that sometimes existed among the Liberians. In Nimba County there were about seven tribes, each speaking a different dialect. In all of Liberia I believe there were more than 25 tribes, each possessing its own rituals and customs and each speaking its own particular tongue. Some of the names of the tribes were interesting — Mano (who were located principally in Ganta), Basa, Cru, Pele, Mandingo. Unless an individual had grown up in a town where a number of dialects were spoken, or had lived in several different villages, he would be able to understand and speak to only the people of his own particular tribe. For the physician this fact often made things difficult with respect to diagnosis, and, especially on an outpatient basis, with respect to treatment. Progress in Liberia, as perhaps in many of the newer African states, has, I think, been greatly impeded because of the difficulty in communication between one tribe and another, between one village

and the next three miles down the road. English is the official language of the country and when more and more people become educated in the schools, Liberia will be able to take bigger steps more quickly toward establishing itself as a modern African country.

On a person-to-person basis, the people were especially warm and friendly. In fact, they went out of their way to shake my hand in the particularly Liberian fashion or to say "hello." They were courteous and respectful toward me as a visitor, as they were among themselves. Strong ties existed within the family. The mothers took good care of their young, whom they carried on their backs until the children were able to walk, and breast feeding sometimes continued for the same period of time. Although they cared for their young, the elders sometimes, and understandably, did not know the seriousness of some illnesses, nor that medical treatment might be of help. Often, "ordinary" infections would reach septic states before the mission doctor was consulted. Obstetric difficulties often progressed to states of severe complication. This is not to deride the native customs or to ridicule the tribal medicine men whose counsel was invariably sought during the initial stages of the disease. For when one realizes the health hazards that the people faced every day, from syphilis, yaws and malaria, to leprosy and trypanosomiasis, it is not inconceivable that they might turn to the good spirit and his magic herbs for help.

The obstetric complications were perhaps the most common of the serious problems that were encountered. It was the custom for the expecting mother to deliver her child out in the "bush" with a few of the village women in attendance. Husbands usually did not participate in any way. A father might even leave the village and not return until word had been sent that his child was born. Because of these traditions, it has been difficult to convince the expecting mothers to come to the hospital when the time was near. This is not to say that the weekly pre-natal clinic was not popular. The women regularly would bring a urine specimen, have their blood pressure checked, and receive some iron and vitamin pills. But after about the eighth month, they were not to be seen again — unless they were unable to deliver. Of course, there were exceptions. And the number of women electing to have their babies in the hospital is increasing.

The complications that did arise were many and varied, including transverse lies, hand presentations, prolonged labor due to cephalo-pelvic disproportions, ruptured uteri, and retained placentae. Often the fetus was dead when the mother arrived at the hospital. In most cases, abdominal deliveries were necessary to terminate the pregnancy in hopes of saving a viable fetus.

Most of the emergencies that I encountered during my stay in Liberia required surgical treatment. Although a knowledge of general medicine, pediatrics, obstetrics and gynecology is extremely important and invaluable, some surgical training is almost a requirement for anyone planning to practice in a remote area such as Ganta. This is particularly true if one is to be the only physician there.

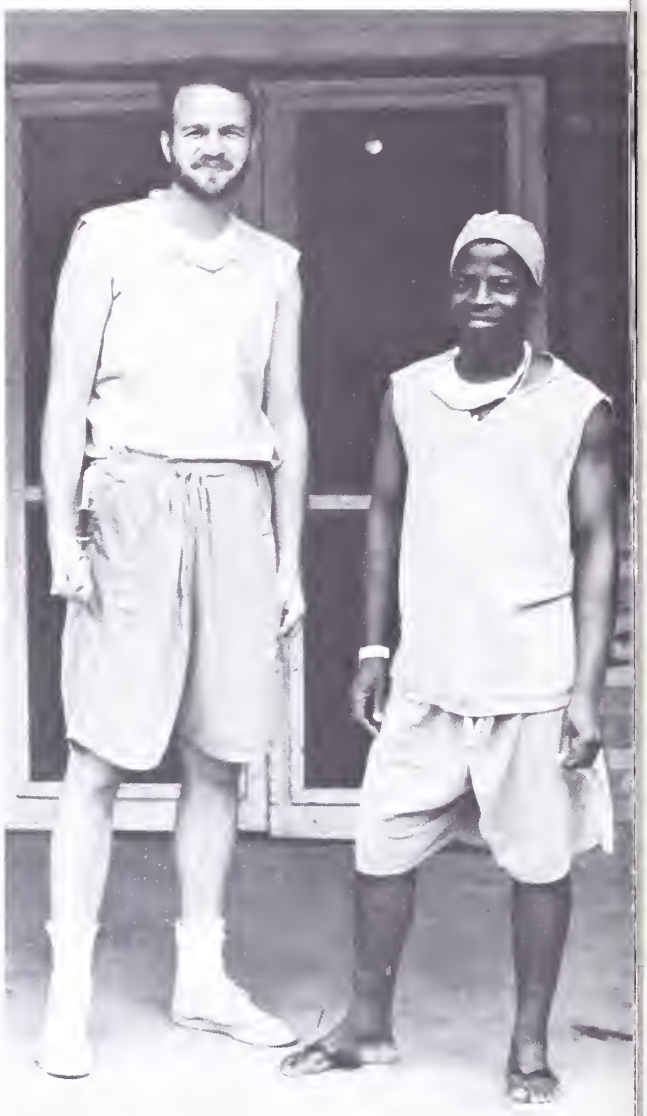
As stated earlier, it happened to be the rainy season during the time I was in Ganta. Although it rained four or five times a day, the rains could not be described as torrential. I understand that the more spectacular storms occur during the months of September and October. The temperature was a very comfortable 80° F. during the day and 65° F. at night. I had expected to swelter in the steaming tropics. Instead the days and nights were surprisingly pleasant. Although insects were everywhere, few were bothersome. My weekly chloroquine tablets apparently countered all plasmodia attacks. These plus other precautions proved to be worthwhile as I was never sick during the entire ten weeks.

In spare moments there was time for myself and, on the occasional free weekend, time to visit the neighboring towns and villages. Unfortunately, I did not have an opportunity to visit any of the other African countries. I am leaving that for the future.

Technician takes skin snip from patient at out-station.

Many good things must come to an end, my short stay in Ganta being an example, but memories never do. And it is the memory of the honest, friendly and hopeful people that will remain with me for a long time. Reflecting for a moment on my stay with them, I am reminded of many incidents and experiences. One in particular that comes to mind occurred one night while we were making rounds at the hospital. That evening, Bill Cobb and I couldn't find a certain pediatric patient, or his mother. The boy had been admitted the week before, being anemic, weak, mal-nourished, dehydrated, and vitamin deficient. After a quick search we discovered the truant under his bed sitting on the dank, dirty floor, happy as a plum, trying to negotiate his rice and greens on a long metal spoon. His two and a half years had endowed him only with that baleful, big-eyed innocence and no table manners. His mother soon appeared. She promptly sat down beside her child and began to share his meal with him. During the preceding days, the boy had made a remarkable recovery, and now there was nothing more for us to do. He would be discharged the next day.

Moments such as this made it all worthwhile. In a puzzled child, trust was seen; in a mother's protective nearness, love. It was fun leaving the hospital that evening. The air was cool and white stars dazzled the moonless night.



"Doctor" and scrub nurse in their scrub suits.

Careers in Psychiatry

The Department of Psychiatry, in a review of its resident training policies, last year obtained information on the professional careers of men and women who had trained in the Yale program. Data were elicited from a large sample of former residents who began their training in the five-year period between 1953 and 1958. The purpose of the survey was to learn what impact their training has had on their work and development, and thereby to determine whether departmental goals are being realized. These goals are: 1) With respect to clinical training, the department has a major interest in the teaching of psychotherapies. 2) The department wishes to create a scientific atmosphere in which the basic biological and behavioral sciences are emphasized with special attention given to psychoanalytic theories of behavior. 3) The department attempts to train academicians and teachers and to stimulate interest in research.

Results of the survey were reported by Dr. Edward C. Senay, assistant professor, and Dr. Fredrick C. Redlich, professor and chairman of the department. The following discussion from their report indicates that the departmental training goals are, indeed, being realized:

"Those who train here have an active interest in teaching and research. An impressive number of them have published, and a surprisingly large number of them have full or part-time appointments in university medical centers. In their various research projects they display a pleasing breadth of interests and more often than not they go on to study and train further after they complete their residencies. We asked them to comment on their training in an open-end question. Their replies indicated that they felt well-prepared for their professional careers. They were quite explicit about the value of the departmental emphasis on learning individual psychotherapy.

"We would explain the trend toward more diverse kinds of post-residency training as a reflection of the increasing variety of training experiences offered to the residents and the broader range of interests held by the persons who are responsible for teaching. In the early fifties the department was smaller, its theoretical position more homogeneous and oriented toward psychoanalytic theory and practice, and the kinds of experiences offered to the residents had less variety. The situation began to change with the growth of the department in size, in the number of its service functions and the addition of new faculty members with more varied points of view. We take it as axiomatic that residents tend to form strong identifications with one or more of their teachers and it would seem that when the teachers as a group represent more varied points of view the identifications formed by the residents will be more varied. Such diverse identifications undoubtedly have created new stresses. It is more difficult for a beginner to orient himself in a more diversified and 'eclectic' department than in a homogeneous monolithic structure. The expansion of the department has undoubtedly added to such stresses.

"Where psychoanalysis once almost pre-empted the interests and ambitions of residents, it now seems to be assuming more the role of a basic science for our psychiatry rather than being its prototype. Our figures show that a sizeable proportion of those who have graduated from psychoanalytic institutes do not employ classical psychoanalysis in a large percentage of their caseloads. We would conclude that as a theoretical system psychoanalysis is maintaining and even increasing in importance, but as a therapy it is being supplanted. The group as a whole, and those more recently trained in particular, are utilizing a broader range of tools in the practice of their trade. Group therapies of one sort or another and drugs are supplementing the preferred modality of individual psychotherapy. This is so despite the fact that our respondents are dealing with a predominantly neurotic outpatient population.

"The respondents tend to be very selective about the use of psychological testing and do not as a rule work closely with social workers. Those in private practice work alone and do not seem to be forming groups, as are many persons in the practice of other specialties. In their relations with communities the respondents as a group tend to function as consultants to community health clinics and while there are a few exceptions, they demonstrate little interest in mental health problems as they relate to the courts and schools, although these endeavors are taught in the department. It is probably safe to say that with significant exceptions, they are not involved in future planning for community mental health programs, but do actively contribute as consultants to the programs as they are presently constituted. Again with some exceptions, the interest of senior faculty members in social psychiatry has not created a striking degree of enthusiasm in the residents. Problems such as alcoholism, addiction, mental retardation and industrial psychiatry have not attracted their interest. This is probably at least partially determined by the fact that these fields are not strongly represented on our faculty and that the primary focus of their training has been on individual psychotherapy, and much more recently on group and milieu therapy."

The report notes that psychiatry in general is slowly changing with the development of better biological and social therapeutic techniques. Future career surveys, similar to the one conducted last year, are planned in the hope of obtaining information of value to the department in its efforts to maintain high standards in the triad of service, teaching, and research.

Dr. Glenn

Merit Award to Dr. Glenn

Dr. William W.L. Glenn, professor of surgery, has been named recipient of an award of merit conferred by the American Heart Association. An innovator in the field of cardiovascular surgery, Dr. Glenn developed and perfected a procedure to bypass the right side of the heart in certain congenital heart defects where other surgical techniques were ineffective. In addition, he and his collaborators pioneered in the development and application of radio frequency cardiac pacing for all types of heart block. This method places the power source outside the body so that it can be replaced as well as varied in timing and intensity. Although still under development, it has been used successfully in dozens of patients.

Laboratory of Clinical Investigation to be Dedicated

The newly completed Laboratory of Clinical Investigation will be dedicated on Saturday, April 16. Following the dedication ceremonies in Mary S. Harkness Memorial Auditorium, there will be tours of the new building which is located at Howard and Davenport Avenues. The Laboratory of Clinical Investigation contains new research laboratories for the Departments of Medicine and Pediatrics.

Rippel Foundation Gift to Hospital

A gift of $113,960 from the Fannie E. Rippel Foundation will enable the Yale-New Haven Hospital to obtain newly developed and highly specialized X-ray equipment for the diagnosis of brain disorders.

In announcing the gift, Mr. Charles H. Costello, president of the hospital, said that the new equipment will be of immeasurable value to patients requiring emergency treatment as a result of highway accidents. The equipment is so designed that multiple X-rays may be taken without moving the head, a distinct advantage when possible brain damage is indicated. Last year there were nearly 50,000 emergency room visits at the hospital, many of them involving head injuries suffered in automobile accidents.

The recent gift is the second to be made to the hospital by the Rippel Foundation which is located in Newark, New Jersey. In 1962 it gave $150,000 toward equipping the diagnostic radiology department.

Mr. Kilgour Named to New Post in University Library

Mr. Frederick G. Kilgour, librarian of the Yale Medical Library since 1948, was promoted in November to the newly-established position of associate librarian for research and development in the University Library. Mr. J. Gordon Kenefick of the University Library is serving as acting medical librarian.

In his new post Mr. Kilgour will further his work on computer systems and other mechanical advance in library work. Two years ag the National Science Foundatio awarded a grant of $61,755 to th medical libraries at Yale, Harvard and Columbia to develop a high speed computer system to giv faster coordinated access to th materials in the three libraries Supervising the project are Mr. Kil gour; Mr. Ralph T. Esterquest, librar ian of the Harvard Medical School and Mr. Thomas P. Fleming, librar ian of the Columbia College o Physicians and Surgeons.

Mr. Kilgour

During Mr. Kilgour's tenure as librarian, the Yale Medical Library has become one of the great medical research libraries of this country. It has grown from a collection of approximately 135,000 volumes with an over-all annual budget of $55,000 to its present size of 375,000 volumes with a budget of $261,000. The number of users of the library has shown a comparable increase, and the annual circulation figure has grown from slightly more than 18,000 per year to 44,125 in the year just past.

New Books by Faculty Members

THE UNCOMMITTED: Alienated Youth in American Society, by Dr. Kenneth Keniston, assistant professor of psychology in the Department of Psychiatry. (Harcourt, Brace & World.) In this examination of the human toll of our technological society, Dr. Keniston starts from an intensive study of alienated youth, asking why a group of talented and privileged young men should reject the basic values of their culture. He points out that their alienation is a condition more chosen by them than imposed on them. It touches the privileged as well as the exploited and is expressed in a diffuse rebellion without a cause rather than in revolutionary ideology of action.

To understand the social and historical roots of this new alienation, Dr. Keniston examines the tensions created by chronic social change, by the shattering of traditional community, by the separation of work from family, by the decline of belief in Utopia, and by the mounting demands on youth for high-level performance. The result is a volume that helps to clarify the basic human problems of a technological society and that reveals a vision of a future in which the goals of full human development in a diverse community may be realized.

Dr. Keniston's book was the subject of the lead article in the *New York Times Book Review* of November 14, 1965.

SCALES AND WEIGHTS. A Historical Outline, by Dr. Bruno Z. Kisch, curator of the Edward Clark Streeter Collection of Weights and Measures, Yale Medical Library. (Yale University Press.) This survey of the history of weighing from earliest times is beautifully illustrated by 98 plates of objects from all over the world, not a few of which belong either to the author or to the Edward Clark Streeter Collection at the Medical Library. The volume is to be followed by a catalog of the Streeter Collection which it is hoped will be completed this year.

Dr. Liebow Delivers Mütter Lecture

Dr. Averill A. Liebow, John Slade Ely Professor of Pathology, delivered the 82nd Thomas Dent Mütter Lecture at the College of Physicians of Philadelphia on February 2. His topic was *Sensitivity Reactions in the Lung.*

The lectureship, established in 1865, honors Dr. Thomas Dent Mütter (1811-1859), professor of surgery at Jefferson Medical College in Philadelphia, who pioneered in the plastic treatment of deformities. The Mütter Lecture has been delivered annually in recent years.

Dr. Sleeper Honored

Dr. Herbert R. Sleeper, associate clinical professor of dental surgery and public health and chief of the Section of Oral Surgery, was inducted as an honorary fellow of the United States section of the International College of Dentists in recent ceremonies at the annual convention in Las Vegas, Nevada.

Postgraduate Conferences Receive A.C.S. Award

The Board of Directors of the American Cancer Society has awarded the Connecticut Division an honor citation for its series of special postgraduate conferences on chemotherapy of malignant disease. The honor is shared by the Yale School of Medicine, which was co-sponsor of these conferences given in Bridgeport, New London, Torrington and Hartford for practicing physicians. The award was one of only sixteen citations given by the Society for meritorious programs throughout the nation and is among the few such awards in professional education.

Panel Discussion on Narcotics Addiction

The Doctor and the Treatment of Narcotics Addiction was the subject of a panel discussion presented in January by the Yale Medical Society. Participating were Dr. Vincent P. Dole of Rockefeller University, Dr. Marie Nyswander of Rockefeller University Hospital, and Dr. Conan Kornetsky of the Boston University School of Medicine. Dr. Daniel X. Freedman, professor of psychiatry at Yale, served as panel moderator.

Wanted: Physicians' Bookplates

Some ten years ago the Yale Medical Library received a large and interesting collection of medical bookplates—English, American, and Continental. The donor, Mr. Warren H. Lowenhaupt, has often expressed the hope that the collection would continue to grow, and so it has. To foster this growth the library would welcome examples of physicians' plates, together with information about the artist and the date of printing.

The most recent addition to the collection has been a group of about one hundred plates brought together by the late Dr. Edward Clark Streeter to whom the library has long been indebted for his gift of ancient weights and measures as well as the accoutrements of early pharmacies.

Medical Orientation for Peace Corps Volunteers

A group of 20 Peace Corps volunteers in training for assignments in India spent a week at the Yale-New Haven Medical Center in October receiving general background orientation for their work in public

health. The program was supervised by Dr. Sidney M. Baker, resident in pediatrics, and included sessions on various diseases, basic first aid, and obstetrics. The group also heard lectures on the hazards of assuming the doctor's role and on the history of public health and non-Western medicine in India.

The volunteers are now in India where they are working on the implementation of nutritional and family planning programs at the village level.

Symposium on Family Care and Specialization

Family Care in an Age of Specialization was the subject of a symposium held at the Yale School of Medicine on January 18 and attended by students and interested physicians. The panel discussion in Mary S. Harkness Memorial Auditorium reflected the growing concern among medical organizations over the steadily decreasing number of young doctors who are entering family practice. Dr. E. Richard Weinerman, professor of medicine and public health, served as moderator.

Participating in the panel were Dr. Bruce R. Valentine, past-president of the Connecticut Academy of General Practice; Dr. Waldo E. Martin, secretary of the Connecticut State Medical Society; Dr. John C. Leonard, director of medical education at Hartford Hospital; and Dr. Frederick C. Gevalt, director of the Sharon (Connecticut) Clinic.

Yale Medical Alumni Party in California

The Association of Yale Alumni in Medicine will sponsor a cocktail party in Los Angeles in March at the time of the 1966 Annual Meeting of the California Medical Association. All Yale medical alumni and former Yale-New Haven Hospital house staff are invited and are welcome to bring their wives and friends. No tickets are required as the gathering will be a Dutch-treat party. It will be held on Monday, March 21, from 5 to 7 P.M. at the Biltmore Hotel.

Dr. Kligerman in Australia

Dr. Morton M. Kligerman, professor and chairman of the Department of Radiology, recently spent several weeks in Australia as a guest of the Queensland Anti-Cancer Council, a public organization similar to the American Cancer Society. He reports that the management of cancer in the state of Queensland, which has a population of 1,700,000, is concentrated in one institution in Brisbane. By law, all patients with cancer are treated free of charge.

Dr. Kligerman's trip was arranged to coincide with the meeting of the Congress of Radiology of Australasia. Physicians attending the meeting were mainly from Australia and New Zealand, but there were also doctors present from India and Thailand. Dr. Kligerman presented two papers to the congress, one entitled *Sequential Chemotherapy and Radiotherapy; A Preliminary Study Using Methotrexate in Head and Neck Cancers*, and the other on *Combined Chemotherapy and Radiotherapy in Lung Cancer with a Pathological Radiologic Correlation.*

The quality of radiologic care that Dr. Kligerman saw throughout Australia impressed him greatly. Although the use of angiographic visualization is not quite as widespread as it is in this country, that which is practiced is of high quality and use of the technique is spreading.

Following the congress, Dr. Kligerman spent a week at the Queensland Radium Institute where he acquired considerable information, especially regarding skin cancer. The institute treats 6,500 cases of skin cancer a year, probably th largest number of such cancers see and managed in one place in th world. He was particularly inter ested in the fact that the melanoma seen at the institute do not appea to be as consistently highly malig nant as are those in this country The difference is currently unde investigation.

Dr. Kligerman also visited radio therapeutic centers and research in stitutions in Melbourne and Sydney Despite his busy professional sched ule, he was able to realize a boyhoo wish to visit the Great Barrier Ree where he spent two and a half hour snorkeling over the world's larges coral formation. "The most excitin natural phenomenon that I hav ever witnessed," he says.

Dr. Gardner in Geneva

Dr. William U. Gardner, professo and chairman of the Department o Anatomy, served as chairman of th ad hoc committee on program plan ning of the International Unio against Cancer when the committe met in Geneva, Switzerland, las November. Dr. Gardner is also chair man of the Commission on Fellow ships and Personnel Exchange of th International Union.

Dr. Kirchner in Tokyo

Dr. John A. Kirchner, professor o otolaryngology, presented a repor on *The Effects of Cricothyroid Join Movements on Laryngeal Muscl Tonus* to the Eighth Internationa Congress of Otolaryngology i Tokyo, Japan, last October.

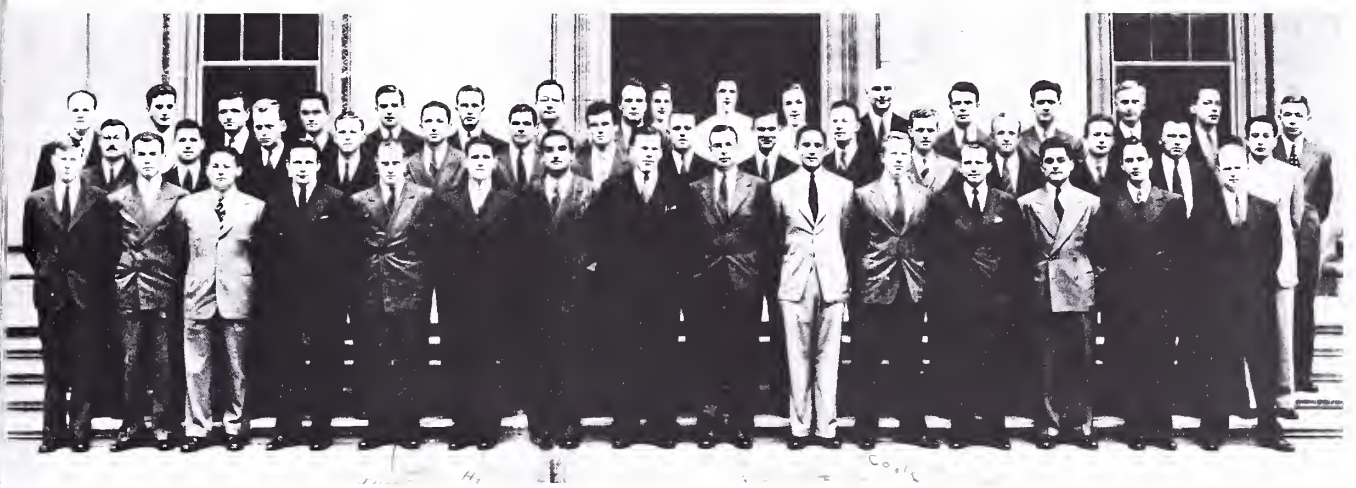
Dr. Spiro in Argentina

Dr. Howard M. Spiro, associate pro fessor of medicine, delivered two lectures at the Eighth Argentinian Congress of Gastroenterology held in Mar del Plata in December. He spoke on *New Methods in the Diag-*

osis and Treatment of Esophageal Disorders and New Advances in the Understanding of Ulcerative Colitis. He also visited and gave talks at several hospitals in Buenos Aires.

Dr. Cook in Europe

Dr. Charles D. Cook, professor and chairman of the Department of Pediatrics, spent two weeks this past fall visiting pediatric centers in Europe. At the Clinica Pediatrica Dell'Universita in Rome he made rounds on the wards and in the premature unit. In the university town of Pécs, Hungary, he was impressed by the high quality of medical care and research at the Children's Hospital. He gave lectures at both Rome and Pécs. He also visited the Children's Hospital of the University of Göteborg in Sweden before proceeding to London to attend a Ciba Symposium on *Development of the Lung.*



Are they coming back? When the medical class of 1941 posed for this graduation picture 25 years ago, double-breasted jackets predominated — at least in the front row — and there is evidence that the style is coming back into vogue. The class will hold its 25th reunion on June 11. Other five-year medical classes from 1906 to 1961 will also celebrate reunions on that day.

Alumni News

1922

GEORGE T. PACK of New York City was honorary chairman of the Caribbean Cancer Congress which convened December 12-15 in Kingston, Jamaica. Participants came from all of the islands in, and the countries bordering on, the Caribbean Sea.

1928

JOHN BURKE is associate clinical professor of surgery at the State University of New York School of Medicine in Buffalo.

1931

THEODORE F. HAHN is now in Rutherfordtown, North Carolina serving as director of the Rutherford-Polk Health Department.

1932

JOHN C. LEONARD was president of the Hartford Medical Society for 1964-1965 and is currently a regent of the American College of Physicians. Dr. Leonard is director of medical education at the Hartford Hospital and is a clinical professor of medicine at Yale.

An illustrated article in *The Detroit News Pictorial Magazine* described the Franklin Village Band, a group of Detroit business and professional men who play at local gatherings. The band leader is CONRAD R. LAM, and his wife, Marian, plays the bass drum. Dr. Lam is described as "an able, yet jovial conductor"; however, it failed to note that he was also the able chairman of the Yale Medical School Alumni Fund. In November Dr. and Mrs. Lam made a trip to South America. Accompanied by their daughter who is with the Peace Corps in Chimbote, Peru, they explored the interior of Peru and visited the famous Inca city of Machu Picchu, which was discovered in 1911 by the Yale archaeologist, Hiram Bingham. Their travels included a visit to Lake Titicaca and several days in La Paz, Bolivia.

CARL H. WIES, who practices in New London, Connecticut is plant physician for Chas. Pfizer and Company in Groton.

1936

LOUISE G. HUTCHINS of Berea, Kentucky has been appointed to the Governor's Mental Health Planning Commission.

JEROME RITTER was appointed director of the Veterans Administration Hospital in Martinez, California in October 1964.

1940

THADDEUS S. DANOWSKI, professor of medicine at the University of Pittsburgh, was chosen to give the

37th annual McGuire Lectures at the Medical College of Virginia in Richmond on November 18 and 19. He spoke on *The Management of Diabetes in Children* and *The Treatment of Diabetic Acidosis*. Dr. Danowski is president of the American Diabetes Association.

JAMES F. FERGUSON, JR., of Wallingford, Connecticut writes that his son, James III, entered the Tulane School of Medicine this past fall.

1942

EUGENE M. DE HOSTOS has been elected chief of staff for 1966 at the Presbyterian Hospital in San Juan, Puerto Rico.

1944

CALVIN W. WOODRUFF has been appointed professor of pediatrics in the new chair of clinical nutrition at the University of Missouri. In addition to teaching responsibilities in pediatrics, he will review present teaching methods in nutrition and metabolism. Dr. Woodruff was formerly professor of nutrition at the University of Michigan. From 1960 to 1963 he served as chairman of the Department of Pediatrics at the American University of Beirut in Lebanon.

1945

LAWRENCE J. MORIN is now chief of urology at the Mary Hitchcock Memorial Hospital in Hanover, New Hampshire. He is also assistant clinical professor of urology at the Dartmouth Medical School and consultant in urology at the Veterans Administration Hospital in White River Junction, Vermont.

JOSEPH R. STANTON writes that they have ten children, eight boys and two girls, and "hope there's at least one potential M.D. among them." Dr. Stanton is an assistant clinical professor of medicine at Tufts University School of Medicine and a visiting physician at St. Elizabeth's Hospital of Boston.

1948

C. ARDEN MILLER has been advanced to the post of provost for medical affairs at the University of Kansas. He has served as dean of the University of Kansas School of Medicine since 1960.

1950

MARGARET S. LYMAN has been director of the Pediatric Outpatient Department at Bellevue Hospital since November 1964 and is assistant professor of pediatrics at New York University.

1951

DANIEL X. FREEDMAN has been appointed chairman of the Department of Psychiatry at the University of Chicago School of Medicine. This is one of the foremost posts in academic psychiatry in an outstanding school. Dr. Freedman completed his residency training at the Yale-New Haven Medical Center and since 1955 has been a member of the Yale Medical faculty. He was promoted to the rank of professor in 1964. He is widely known for his research in psychopharmacology and biological psychiatry.

1952

ROBERT ZEPPA has been appointed professor of surgery at the University of Miami School of Medicine and chief of the Surgical Service at the Veterans Administration Hospital in Coral Gables. He was formerly on the faculty at the University of North Carolina and was a Markle Scholar in Medical Science. His primary research interest is the metabolism of vaso-active amines and their roles in initiating disease.

1955

F. BRANTLEY SCOTT, assistant professor of urology at Baylor University College of Medicine, was named one of the Markle Scholars in Academic Medicine for 1965-1970.

MYRON P. WALZAK, JR., is assistant professor of urology at the University of Virginia School of Medicine in Charlottesville.

1957

ALBERT C. K. CHUN-HOON returned to Honolulu in July to begin practice in orthopedic surgery. He completed his residency at the Baylor University Medical Center.

ANTHONY L. FONS entered the private practice of psychiatry in Hartford, Connecticut in July. His office is at 85 Jefferson Street.

JACK P. GREEN has returned to this country after spending 18 months at the Institut de Biologie Physico-Chimique in Paris. He is now in New York City as an associate professor of pharmacology at the Corne University Medical College. H wrote in December to say that th period in France had been fruitfu and the application of quantu mechanics to pharmacology and bi chemistry had yielded interestin and unexpected results. He note "Although I sport a thick Frenc taxidriver moustache and wear beret when it rains and have learne to complain about my liver, my poir of view and accent remain un changed." He also reported that h has often seen ION GRESSER ('55 who is working at the cancer re search institute in Paris after hav ing spent some years with Dr. Joh Enders.

1958

BEN BURSTEN has announced th opening of his office in New Have for the practice of psychiatry. He i also on the staff at the Veteran Administration Hospital in Wes Haven and an assistant clinical pro fessor of psychiatry at Yale.

DAVID M. PUGH is assistant pro fessor of medicine at Kansas Uni versity Medical Center; his field i cardiology.

RAYMOND W. TURNER complete his residency training in dermatol ogy at Yale and is now in grou practice in Washington, D.C.

1959

CAROL JOCKERS AMICK has bee appointed a teaching fellow in path ology at the Harvard Medical Schoo and its associated teaching hospi tals. She is affiliated with the Bosto Lying-in Hospital.

1960

MALIN DOLLINGER is now at Me morial Hospital for Cancer and Al lied Diseases in New York City as a fellow in medicine.

PAUL J. FRIEDMAN is radiologis at the U.S. Naval Submarine Medica Center in Groton, Connecticut. He expects to leave the Navy in 1966.

MICHAEL J. MOYNIHAN is chie resident in medicine at the Univer sity of Vermont this year. The Moynihan's third child, Denis Christopher, was born May 4, 1965.

1961

DAVID W. BROOK opened his of fice in New York City in July for the practice of general psychiatry.

TEPHEN C. CARY is now chief resident in general surgery at the University of California Medical Center n San Francisco.

ROBERT M. LIVINGSTON reports hat he has opened his office for the practice of infertility, obstetrics, and gynecological surgery in Englewood Cliffs, New Jersey. He completed his residency in obstetrics and gynecology at the New York Hospital in une and has been appointed a clinical instructor in obstetrics and gynecology at the Cornell University Medical College. The Livingstons and their two children live at 160 Chestnut Street in Englewood Cliffs.

Mission hospital at Il-Maten

A letter has recently been received from RONALD DIERWECHTER in Algeria. He enclosed the accompanying photograph of the hospital now under construction at the Mission Methodiste in Il-Maten and commented as follows: "Also wanted to include a picture of our year's effort . . . this 135,000 dollar effort! As you see we aren't finished, but at least we can see the end! I haven't been working medically for over 6 months now, because I have been, as it were, contracting the job . . . and that is a full-time job. Also we have installed the heating and electrical systems ourselves, . . . so my main profession has taken somewhat of a beating! At any rate, I do hope to be returning to medical work again in several weeks, albeit at perhaps a retarded pace. It is quite a job to get this plant going for the first time, especially as I am an amateur at most of it."

1962

RICHARD N. COLLINS is serving with the Epidemiology Branch of the Public Health Service Communicable Disease Center in Atlanta, Georgia. In July he wrote as follows regarding his experience: "This year has been a series of marvelous adventures in infectious disease, and I would like to tell you briefly about two of these which are particularly fresh in my mind. I spent the month of March as part of a team investigating an epidemic of bubonic and pneumonic plague in Southern Bolivia. We documented the occurrence of over 140 cases of plague with approximately 35 deaths. We saw many convalescent buboes among adults and children who had survived the disease. Plague in Bolivia differs in several respects from classical bubonic plague. Wild and domestic rats are not present in great numbers, probably because of the impressive altitude. The endemic plague reservoir in Bolivia is probably maintained in a variety of wild rodents. Human fleas are present in great number, and although these are not as efficient vectors as *X. cheopis*, they probably play an important part in human transmission of plague in Bolivia. The outbreak of pneumonic plague was absolutely classical. It was introduced into a small community by a traveler who had probably acquired a bubonic infection earlier in his travels and subsequently developed a secondary plague pneumonia. An explosive outbreak then ensued among those persons who had contact with this traveler during the terminal stages of his illness when he was undoubtedly producing a highly infectious aerosol. The pneumonic plague cases showed uniformly a short incubation period, high fever, toxicity, sternal oppression, and bloody sputum. A 100 per cent mortality was observed in the untreated cases; streptomycin and sulfadiazine resulted in dramatic recoveries among the survivors. Since returning to the United States, we have recovered typical *P. pestis* organisms from bone marrow obtained from the cadaver of one of the pneumonic plague victims six weeks after his burial. The plague bacillus is apparently a hardy organism well adapted to different environments. It has been shown that it is possible to recover plague organisms from the soil in the graves of infected rodents as long as one year after burial.

"More recently I have been involved in investigation of the water-borne epidemic of gastroenteritis due to *Salmonella typhimurium* in Riverside, California. Well over 18,000 cases occurred and we were fortunate to have only three deaths. There is conclusive evidence indicating water as the vehicle of infection, but the manner in which the municipal water supply became contaminated has not yet been determined. Secondary spread of infection in Riverside and the surrounding communities is being watched for closely. The Riverside epidemic will certainly continue to have an impact on public health aspects of water supplies and the whole field of salmonella infections for several years to come. Previous teaching, based on the prisoner volunteer studies at the University of Maryland, has been that a relatively large number (10^6) of typhimurium organisms are required in order to produce overt infection. It seems likely that at Riverside the infecting dose was much smaller than this. We are hoping to be able to repeat some of the prisoner volunteer studies with the Riverside strain of *S. typhimurium* in order to document this."

J. DALE HOWE has returned to the United States after spending a year at the American Hospital of Paris. He is currently in the medical residency program at the Veterans Administration Hospital in San Francisco.

WALTER W. KARNEY spent three months this summer on a cruise in the Mediterranean as air group flight surgeon aboard the U.S.S. Randolph.

DAVID D. NICHOLAS has served as a Peace Corps physician in the Republic of Niger for the past two years. He writes that much of his time has been spent working in maternal-child health programs and he hopes to continue this work in the future in the international public health sphere. Following his release from the Peace Corps, he plans to return to the United States for residency training in pediatrics.

1963

ALEXANDER R. GAUDIO is serving in the Army Medical Corps and is currently stationed in Bangor, Maine

as physician to the Bangor Examining Station.

1964

PAUL F. DODD is assistant chief resident at the Children's Hospital of Philadelphia.

DAVID P. JOHNSON has remained at the Bellevue Hospital in New York as an assistant resident in medicine after completing his internship there.

MARTIN J. KLIGERMAN completed a 16 week training program as a Peace Corps volunteer in December and departed early in January for his assignment in Turkey where he will work with a tuberculosis control unit.

RICHARD C. STILLMAN is a resident in psychiatry at the Stanford-Palo Alto Medical Center.

HOUSE STAFF

1953

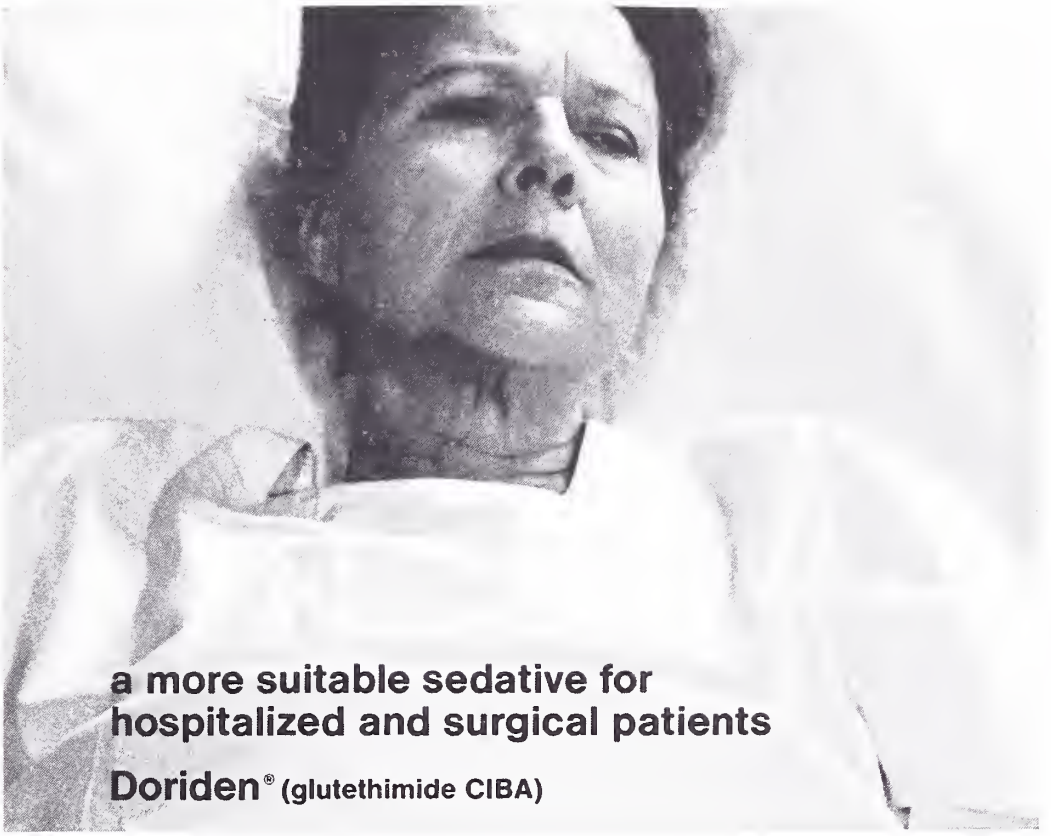
EMANUEL E. SCHWARTZ has been appointed associate professor of radiology at the University of Virginia School of Medicine and is directing the radiation therapy and nuclear medicine section at that institution.

MEDICAL ALUMNI DAY PROGRAM

Saturday, June 11, 1966

9:00 — 11:00 A.M.	Coffee Service for Alumni
10:00 — 11:00 A.M.	Tours of the new Laboratory of Clinical Investigation and Hunter Building Addition
10:00 — 10:45 A.M. and 11:00 — 11:45 A.M.	Demonstration of Closed-Circuit Television in Teaching of Human Anatomy
11:00 A.M. — 12 Noon	Medical-Surgical Grand Rounds
12:30 P.M.	Buffet Luncheon for Alumni, Wives, and Faculty
2:00 P.M.	Association of Yale Alumni in Medicine Meeting
	Welcome and Introductory Remarks Dr. Lawrence K. Pickett
	Progress Report Dean Vernon W. Lippard
	Alumni and Faculty Speakers (to be announced)
4:00 P.M.	Social Hour for Alumni, Wives and Faculty
Evening	Individual Class Parties and Dinners for 5 year reunion classes ('06, '11, '16, '21, '26, '31, '36, '41, '46, '51, '56, '61.)

Photo Credits Robert Perron: cover, pp. 4, 8 (center and bottom right), 11, 12, 14, 15, 18 (top right); Yvonne Barber: pp. 2, 5, 6, 7, 8 (bottom left and top right), 9, 10; Robert McRoberts: p. 18 (bottom left), 19; Yale News Bureau: pp. 3, 22.



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YALE MEDICINE

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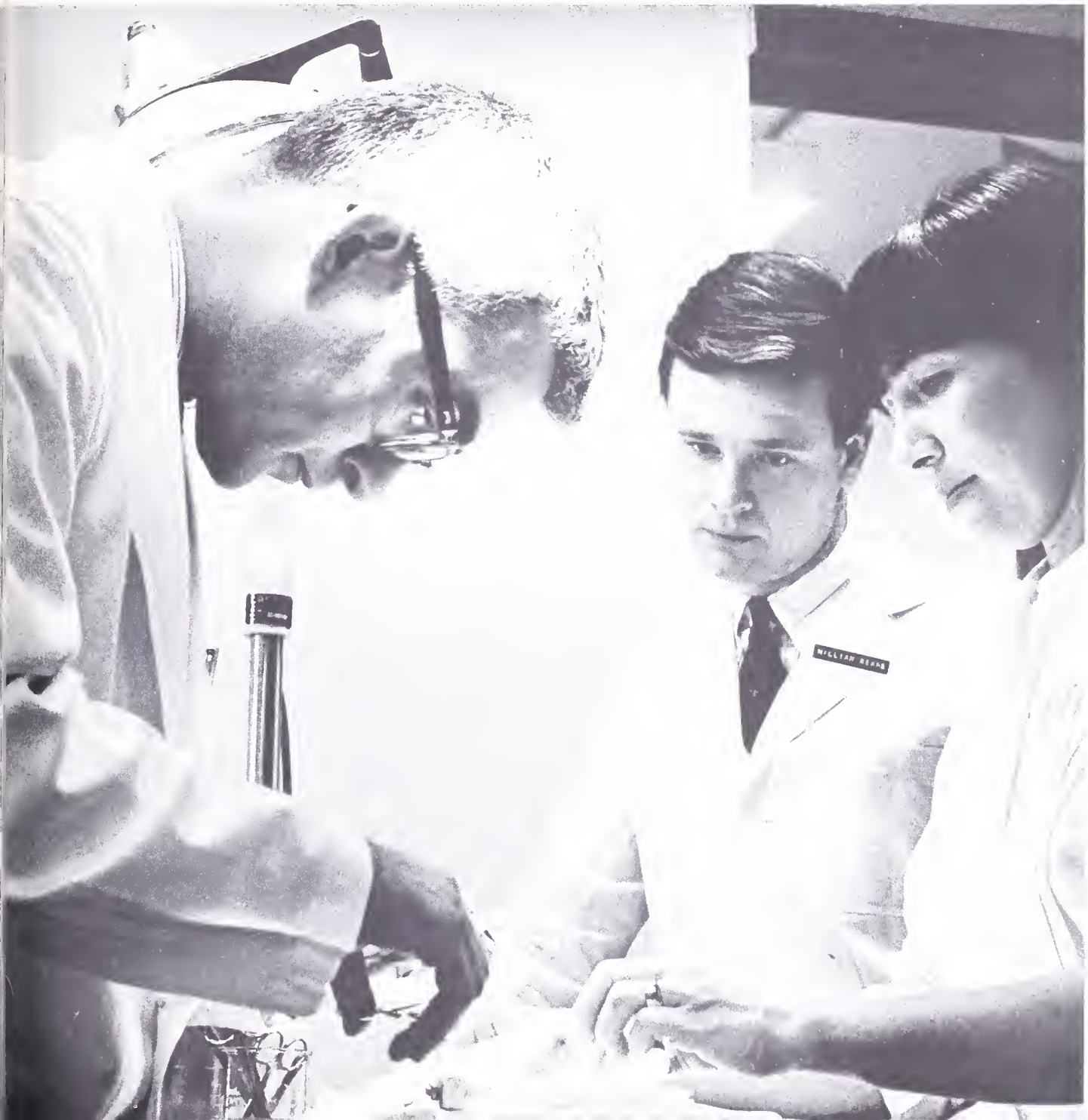
MEDICAL ALUMNI DAY & CLASS REUNIONS

SATURDAY, JUNE 11

MARK YOUR CALENDAR

YALE MEDICINE

ALUMNI BULLETIN OF THE SCHOOL OF MEDICINE / SPRING 1966



COVER: *Dr. Lawrence R. Freedman, assaciate professor of medicine, studies the mechanisms of human kidney disease through laboratory research with experimental animals. Bacteria from renal infections in patients are used to produce the disease in rats. The study is one of many being conducted in the new Laboratory of Clinical Investigation. (See story beginning on page 2.) Dr. Freedman, left, is assisted in the operative pracedure by Mary G. Breitenstein and William F. Keane. Mr. Keane, a second year medical student, is doing his thesis research on kidney infcctions under Dr. Frcedman's supervision. Teaching is an important function of the new clinical research facility.*

YALE MEDICINE

ALUMNI BULLETIN OF THE SCHOOL OF MEDICINE / SPRING 1966 / VOL. I, NO. 2

Contents

YALE MEDICINE is published three times a year — in the fall, winter, and spring — and is distributed to members of the Association of Yale Alumni in Medicine, students, and others interested in the School of Medicine. Communications may be addressed to The Editor, Room L200, 333 Cedar Street, New Haven, Connecticut. 06510.

Glass-walled walkways connect new laboratory structure to adjacent Laboratory for Medicine and Pediatrics.

Laboratory of Clinical Investigation

At the critical interface between advances in the basic sciences and their translation into terms applicable to the problems of human disease, Yale's contributions have been notable. The expanding clinical research programs of the Departments of Medicine and Pediatrics have now entered a new era with the opening of the Laboratory of Clinical Investigation.

The new, strikingly modern building at the corner of Howard and Davenport Avenues was dedicated on April 16 at ceremonies attended by more than 250 people, including many who played major roles in the evolution of the laboratory from an idea to a reality. Unfortunately, Dr. Paul B. Beeson, chairman of the Department of Medicine when the building was being planned, was unable to be present. He is now Nuffield Professor of Clinical Medicine at Oxford University.

Dean Vernon W. Lippard, introducing the program, cited the important contributions of Yale pioneers in clinical research in the years following World War I. The achievements of this group were far superior to their facilities, which were in a one-story temporary building. The dedication of the new laboratory, he said, "is a most significant event in the history of the Yale School of Medicine, not just because of the size of the building or the magnificence of its architecture, but for what it implies in terms of the development of our educational and research programs." The program also included talks by President Kingman Brewster, Jr.; Dr. Philip K. Bondy, chairman of the Department of Medicine; and Dr. Charles D. Cook, chairman of the Department of Pediatrics.

The keynote speaker was Dr. Halsted R. Holman, chairman of the Department of Medicine at Stanford University, and a member of the Yale medical class of 1949. His talk, entitled "Clinical Investigation — Opportunity for the Practitioner," will appear in a forthcoming issue of *The Yale Journal of Biology and Medicine*.

As the guests toured the bright and spacious ten-story structure, many recalled the crowded conditions that prevailed in recent years in the old Laboratory for Medicine and Pediatrics Building. This structure, built 36 years ago adjacent to the New Haven Unit, had ceased to serve adequately the burgeoning needs of clinical investigation in both departments. The growing amount of laboratory research in the 1950's, together with an increased number of faculty and staff, required larger quarters and a broader range of modern, specialized facilities.

A laboratory was designed to meet these needs, and in the early 1960's efforts were begun to raise funds for its construction. The Commonwealth Fund, in contributing $1,250,000 noted that "The Laboratory of Clinical Investigation will be an integral and indispensable part of the new program at Yale and will contribute to the strengthening and improving of a School which is an important source of teachers and research workers."

Other funds received for the building included grants of $1,633,892 from the Health Research Facilities Construction program of the National Institutes of Health; $120,000 from the Victoria Foundation of New York City; and $100,000 from the Kresge Foundation of Detroit. Construction of the building began in 1963, following the demolition of the Howard Building which formerly occupied the site. Costs of the new structure, including equipment, totaled $3,300,000.

From the exterior, the building appears as a cluster of towers of varying heights. Indented shafts in which tall, slender windows are set in a vertical pattern contribute to the attenuation of the tower elements. Inside the building, the narrow width of the windows affords maximum wall space for laboratory benches, cabinets, and large pieces of equipment. Interior corridors lined in red brick terminate in great glass walls that from the upper stories provide magnificent views of the city with its booming redevelopment activity. Exterior corridors connecting the building to the adjacent Laboratory for Medicine and Pediatrics are also glass-walled. The plan

Dedication day: towers of the Laboratory of Clinical Investigation rise behind Dean Lippard, Dr. Bondy, and Dr. Cook.

in effect reverses the traditional concept of an institutional building; laboratories and offices rely largely on constant artificial light, while corridors are flooded throughout the day with natural light. The architects of the building were Douglas Orr, de Cossy, Winder and Associates, with E. Todd Wheeler and Perkins and Will serving as associated architects. W. J. Megin, Inc. of Naugatuck was the prime contractor.

Each of the 109 laboratory rooms was planned according to specifications listed by the investigator who would use it; hence, no two laboratories are alike. The only uniformity of furnishing is in the use of quarry stone for bench tops and walnut with recessed steel hardware for cabinets. To simplify the servicing of utilities, pipes are free-standing rather than embedded in the walls and are color-keyed for hot water, cold water, gas, air, and vacuum. Pipes for distilled water and for drainage are made of clear glass. In the corridors, removeable suspended ceilings of acoustical tile conceal the pipes as well as the ducts for the air conditioning and constant temperature facilities.

Animal rooms on each floor abut on the elevator shaft and are accessible both from the corridor and from the rear door of one elevator. A large animal care unit, housed in the basement, contains complete facilities for isolation, sterilization, and long-term care, as well as a fully equipped operating suite available to all the laboratories.

An attractively furnished conference room on the top floor of the building will accommodate 50 people for meetings, lectures, and film presentations. It has been designated the Peters-Darrow Conference Room in recognition of the contributions made by two former members of the Yale medical faculty to their respective disciplines: Dr. John P. Peters, John Slade Ely Professor of Medicine, who died in 1955; and Dr. Daniel C. Darrow, professor of pediatrics, who died last year. Another distinctive feature of the tenth floor is a brick-walled roof garden and terrace suitable for informal conferences and social events in warm weather.

In studies on the mechanism of fever, groups of rabbits are injected with various pyrogenic substances derived from bacteria, viruses, and fungi. Here, Lorraine E. Francis, laboratory assistant to Dr. Atkins, notes rabbits' temperatures recorded on graph.

Investigation of human precipitins to milk involves photographing thousands of microdiffusion agar plates. Here, Dr. Wood is assisted by Jean F. Heston, associate in research.

Of the nine stories devoted entirely to laboratories and offices, six are occupied by the Department of Medicine and three by the Department of Pediatrics. The latter department also has a laboratory on the tenth floor for pediatric developmental biochemistry.

Research has been in progress in the building since the beginning of this year. Although all the studies in the various laboratories relate to problems of clinical medicine, they range in nature from investigations without immediate direct application to the care of patients, such as those of Dr. Elisha Atkins and Dr. Phyllis Bodel on the pathogenesis of fever, to the investigative treatment of patients such as that given by Dr. Donald F. Egan in inhalation therapy. Some patient service is also involved in the studies of cardiopulmonary function being carried out by Dr. Charles D. Cook and Dr. Byong M. Kim, as well as in the hematological research of Dr. Stuart C. Finch.

The Section of Chest Diseases, which includes the inhalation and adult cardiopulmonary laboratories, is under the direction of Dr. Frank D. Gray. Of particular interest among his studies is one on the efficacy of

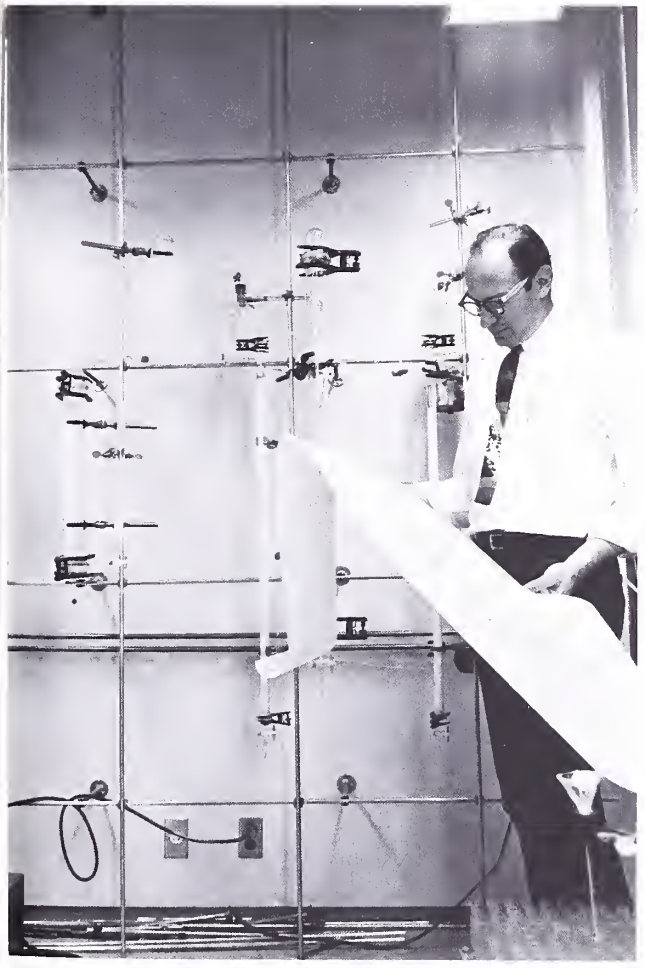
ıyperbaric oxygen pressure therapy. Mice are subjected o pure oxygen under high pressure in a small chamber hat is the miniature prototype of a future room for the reatment of patients suffering from pulmonary disɔrders.

In the pediatric cardiopulmonary laboratories, Dr. Cook, Dr. Norman Talner, and their colleagues are investigating the effects of cardiac catheterization in pregnant sheep and their lambs and in children. Research in pediatric immunology by Dr. Harrison F. Wood includes a study of milk precipitins in human serum. With Dr. Mary McCrea, he is carrying out a survey of these substances in the sera of patients with certain clinical syndromes compared with sera from normal controls. Pediatric developmental biochemical studies by Dr. Louis Gluck and Dr. Ira K. Brandt are directed toward elucidating the enzymatic processes involved in fetal development of lungs and other organs. One of Dr. Gluck's major research efforts is the study of surface active lipids that line the lungs of newborn humans, rabbits, and sheep.

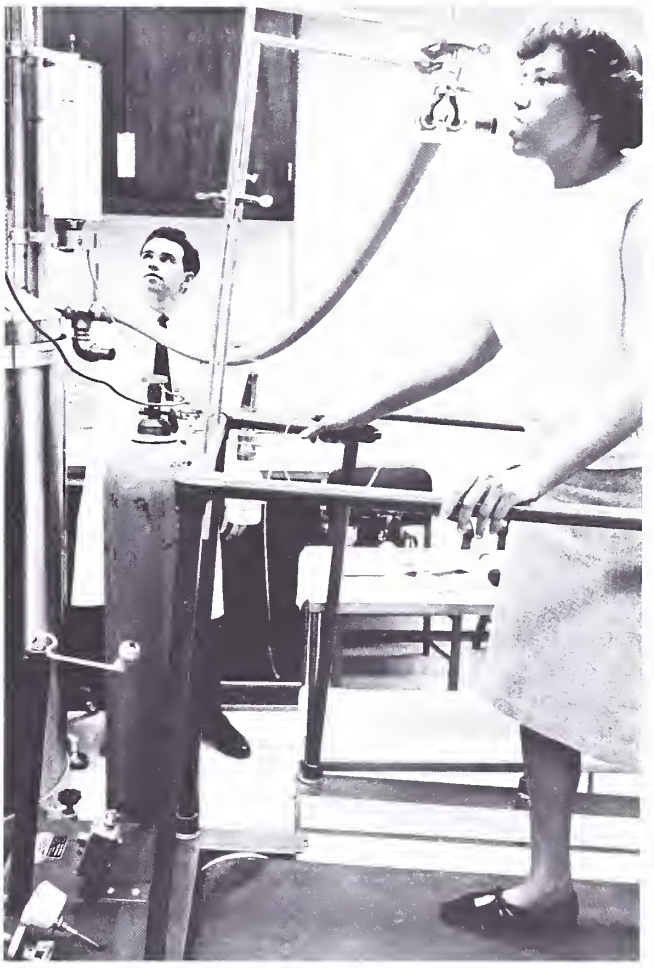
Research in genetic diseases includes the work of Dr. Herbert A. Lubs who is studying the effects of cancer on the chromosomes, and that of Dr. Leon E. Rosenberg on the biochemical abnormalities in genetic disease. Dr. Rosenberg, in association with Dr. Brandt, has set up a major epidemiological survey of the incidence and distribution of genetic diseases.

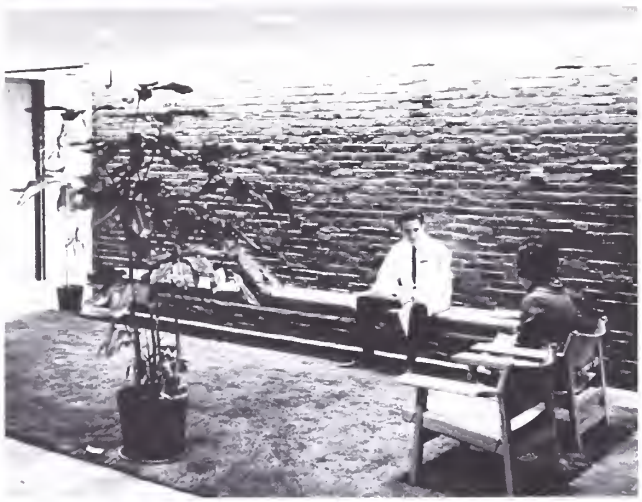
Investigations of kidney infection due to Gram negative organisms are being conducted by Dr. Lawrence R. Freedman. As part of his long-term study of patients with such infections, the responsible bacteria are administered to laboratory animals and the factors that permit the initiation and govern the course of the infections are analyzed. In the hormone laboratory, Dr. Morris G. Dillard and Dr. George L. Cohn are studying the bio-

Dr. Lande examines results of a purificatian of a pituitary extract by ian exchange chramatagraphy. Scaffolding supparts same of the ion exchange calumns emplayed in the study.



In inhalatian labaratory, patient an treadmill breathes inta Tissat spirameter while Richard G. Sutphin, inhalatian therapist, checks recarding an chart.





Attractive brick-walled lobby on first floor serves as waiting room for patients receiving investigative treatment in the cardiopulmonary laboratories.

synthesis and intermediary metabolism of the adrenal hormones, with particular interest in the ability of these hormones to induce fever in experimental animals and in humans.

An exciting project of the dermatology research laboratory, directed by Dr. Aaron B. Lerner, is the attempt to isolate pituitary hormones. Using an extract originally derived from seven and one half million pig pituitary glands, Dr. Lerner, in collaboration with Dr. Saul Lande and Dr. G. Virginia Upton, has obtained a large quantity of melanocyte-stimulating hormones for clinical trials, as well as some 125 new peptides whose physiologic significance is as yet unknown. The new peptides are being purified and scanned for biologic activity, a procedure that has been made possible only by very recent technical advances.

Research endeavors in the dermatology group also include Dr. Irwin Braverman's work on the diseases of connective tissue; studies by Dr. Richard S. Snell and Dr. Sidney Klaus on pigmentation in mammalian skin; and Dr. Ruth Burke's investigation of the lipid and amino acid metabolism of yeastlike organisms.

Among other interesting studies centered in the new building are Dr. J. William Hollingsworth's research on the etiologic mechanisms of lupus erythematosis, rheumatoid arthritis, and other connective tissue diseases; Dr. Fred Kantor's work on the immunological aspects of allergic diseases; and Dr. Don C. Higgins' neurophysiological studies involving implantation of electrodes in the brains of animals.

The teaching functions of the Laboratory of Clinical Investigation are performed at several levels. Groups of medical students meet in certain laboratories for elective courses related to the problems under investigation, and a number of students are doing their research projects here in fulfillment of the doctoral thesis requirement of the school. In addition, post-doctoral fellows and members of the resident staff are involved in many of the projects mentioned above.

Dean Lippard has described the environment of medicine at Yale as "an academic atmosphere where students at various levels of experience and maturity, from the beginning medical student to the most senior professor, live and work together . . . where communication between clinicians and basic scientists is easy and natural, and a line between the two groups is difficult to draw." The Laboratory of Clinical Investigation represents the newest expression of this distinguishing characteristic of the Yale School of Medicine.

On the Yale System of Medical Education

Dr. Halsted R. Holman, Berthold and Belle N. Guggenhime Professor and Chairman of the Department of Medicine, Stanford University, the keynote speaker at the dedication of the Laboratory of Clinical Investigation, introduced his talk with the following comments:

If I understand the Yale system correctly, its aim is to minimize compulsion and maximize diversity in the experience of the student, to minimize conformity in medical thought and maximize independent critical thinking by the student, to provide each student with a personal experience in scientific medicine by providing the stimulus and facilities for a scholarly inquiry by all. Systems possess little intrinsic merit in themselves; their merit lies in what they attempt to accomplish and the magnitude of their accomplishment. By seeking the expression of the best independent critical thought of its students, in my opinion the Yale system provides its students with the best preparation for medicine of the future. True, occasionally an errant student may adopt positions distasteful to his mentors. But quickly we, who are the faculty, learn that this is in reality the best consequence of the educational system. Unless the young seek to improve and change they are not worthy. Without conflict, there is not progress. No doubt it is impossible to express in quantitative terms the accomplishments of the Yale system of medical education. Nonetheless, many of us who have experienced it are deeply grateful.

From Your Alumni President

The Association of Yale Alumni in Medicine is functioning at an accelerated pace in view of the many exciting and far-reaching changes that are taking place at the School. With the impetus offered by the leadership of Sawnie Gaston and his executive committee during the past several years, we have undertaken a number of projects to keep the alumni better informed of progress on the homefront and exciting developments as they take place.

Perhaps foremost among these projects is the expanded alumni bulletin, *Yale Medicine*, that you have before you. With the addition of a managing editor, Kate Swift, and continued under the editorial supervision of Dr. Arthur Ebbert, Jr., the publication will present feature stories and articles about the Yale medical community as well as alumni news. It should provide an excellent opportunity for interested alumni to keep up with the developments at the School of Medicine. We invite and urge alumni to send in contributions to be included under Alumni News, as well as suggestions for feature articles.

The Association has also organized a number of regional Yale Medical Alumni parties in connection with state and national meetings in various sites throughout the country. In the past year these have been held in New York City at the time of the annual A.M.A. convention, in Detroit in conjunction with the centennial meeting of the Michigan State Medical Society, and in Los Angeles with the annual California Medical Association meeting. A social hour for Yale Medical Alumni will be held in Asheville on May 2 at the annual meeting of the Medical Society of the State of North Carolina. As you will note elsewhere in this issue, a cocktail party is planned for the A.M.A. convention in Chicago in June.

The executive committee of the Association of Yale Alumni in Medicine has met during the year and has been consulted, in an advisory capacity, for the long-range planning in development of the Yale-New Haven Medical Center. The results of the survey by Tamblyn and Brown, Inc., published in the October 1965 *Alumni Bulletin*, have been discussed in detail by your executive committee. In the foreseeable future, national, regional, and local leadership will be sought for further involvement of the alumni in the development program for Yale Medicine.

The Medical School Alumni Fund has made great progress under the able leadership of Russell Scobie and Conrad Lam. Although the Fund is a separate organization with its own officers and individual class agents, the Fund chairman or his representative attends the meetings of the executive committee of the Association of Yale Alumni in Medicine, and we work in close cooperation.

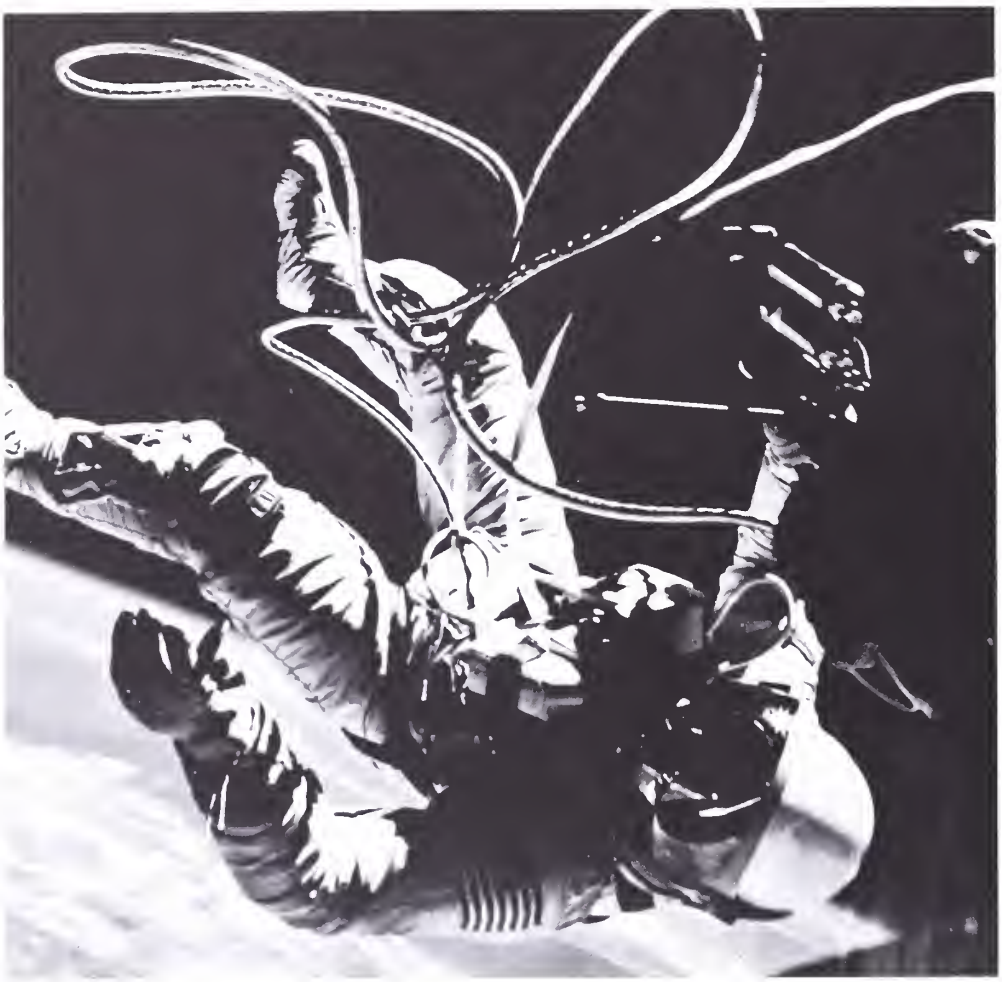
An annual event of great interest to all is the Yale Medical Alumni Day to be held this year on Saturday, June 11. An excellent program has been planned. We look forward to a large and enthusiastic group of alumni returning for a first-hand look at the changing scene and to renew the acquaintances and experiences of days gone by.

Your president solicits and eagerly awaits your suggestions for improvement in activities, communications, and functions of the Association. Please let me hear from you.

Lawrence K Pickett

Lawrence K. Pickett, M.D.
President
Association of Yale Alumni in Medicine

Medicine: Kitty Hawk, Cape Kennedy, and Beyond



Guilded umbilical line supports fully pressurized spacesuit for an astronaut's walk in space.

By Howard A. Minners, M.D.

Dr. Minners, Yale medical class of 1957, is an Air Force flight surgeon and has been with the NASA Manned Spacecraft Center at Houston, Texas, since 1961.

In 1965, two Americans orbited the earth for two weeks, man walked in space for the first time, television cameras in the unmanned Ranger 9 showed close-up pictures of the moon, and, after a journey of 134 million miles, Mariner 4 flew past Mars and sent back twenty-two photographs of the planet's surface. The photographic missions are forerunners to such a journey by man himself. The fact that all this occurred last year makes it all the more difficult to believe that not a single man-made object had been placed in orbit around the earth just ten years ago!

Considerable medical research and talent have been applied to the support of manned space flight. Nevertheless, there remains a great vastness of unexplored physiologic and environmental control that must be mastered before the human organism can keep pace with the technological advances that will permit, from an engineering standpoint, man's exploration of our solar system. The relatively new specialty of aerospace medicine has grown to number 457 physicians certified by the American Board of Preventive Medicine; however, relatively few of us are working in direct support of man in space. At the NASA Manned Spacecraft Center in Houston, Texas, engineers, space scientists, and physicians work together to select, train, and prepare the astronauts and their spacecraft for flight. Many of these same individuals assume roles in the operational monitoring and control of the mission, and they are later employed for postflight analysis of mission data. The three current manned space flight programs of NASA include: 1) the successfully completed Project

Mercury, 2) the current Project Gemini, with the prime objectives of 14 days' spaceflight and rendezvous in space, and 3) Project Apollo, with the objective of manned exploration of the moon in this decade. It is planned that two men will land and explore the lunar surface to a limited degree and will spend up to four hours at any one time outside the Lunar Excursion Module (LEM).

Providing Environment for Life in Space

With the increasing length of each spaceflight, the problems of sustaining man in this so-called hostile environment become more difficult. In space, with only the energy of the sun available for man, there is literally nothing else to favor life support. Similar environmental problems are met, in varying degrees, in other places to which we have ventured, including submarines where water may be used to good advantage, or at high-altitude flight where air may be compressed. In space, however, man must take his gaseous environment, his food, and his water along with him; otherwise he cannot survive. For the spacecraft atmosphere we have selected pure oxygen at a pressure of five pounds per square inch. At this pressure dysbarism, or aviator's bends, may occur when breathing air. Therefore, the astronaut must prebreath pure oxygen for several hours before launch to wash out most of his body nitrogen. Although this 100% oxygen system has proven quite adequate, oxygen toxicity will probably limit its use for advanced missions of more than fourteen days duration. For longer flights, in addition to oxygen we must use an inert gas that has a low diffusion factor, is nontoxic, light, and easily obtained, handled, and stored.

Beyond the provision of suitable atmosphere in the spacecraft cabin, all American astronauts have been protected by a full pressure suit. This so-called space suit, used only as a redundant system for the possibility of cabin pressurization failure, would prevent acute hypoxia and death from embolism at extremely high altitudes. If cabin decompression should occur, this normally deflated suit would automatically inflate to keep the astronaut at 3.5 psig 100% oxygen, or a total pressure equivalent to 35,000 feet altitude above sea level on earth. On the fourteen-day Gemini flight, because of our confidence in the spacecraft cabin seal and in order to improve comfort, one of the astronauts was permitted to remove his suit for varying periods. On the other hand, for extra-vehicular activity (EVA) or exploring the surface of the moon or planets, a pressure suit will be required and used as a primary environmental system. The suit not only provides the necessary microenvironment for the astronaut, but also affords thermal, micrometeorite, and, to some degree, light and radiation protection. Unfortunately, when pressurized within a suit at 3.5 psig, the astronaut loses much of the mobility afforded by an unpressurized garment. It is interesting to speculate that if an astronaut should have a fire in his spacecraft while in orbit, the easiest way to extinguish the fire would be to depressurize the cabin, thus removing all oxygen. At such a time, of course, his space suit would have to provide the necessary environment, and would be fully pressurized with 100% oxygen.

Another concern for specialists in aerospace medicine is the accelerations required both to achieve orbital flight and thereafter to reenter the earth's atmosphere. During World War II, fighter pilots wore G-suits to increase their tolerance to the accelerations encountered during acrobatic aircraft flight. In manned spaceflight, the problem of acceleration has been solved by the rather simple method of properly positioning the astronaut. Instead of sustaining his acceleration in an axis of low human tolerance (from head to foot or $+G_z$), the G-forces are applied in the chest to back body axis ($+G_x$). In this axis the normal human acceleration tolerance is significantly above the maximum of 8 G encountered during spacecraft launch and reentry. In addition to linear acceleration, there may be some hazard from the vibrations encountered during various phases of powered spaceflight. Fortunately, these have been minimized by engineering ingenuity.

Biologic Hazard from Radiation

Added to the problems of environment and acceleration, there is a biologic hazard from the radiations found at various distances in space. Up to the present time our orbits have been below the Van Allen belts, and the astronauts' radiation exposure has been primarily related to the mission duration (maximum of 215 millirad after 14 days in space). Obviously, the effects of certain radiations have been well studied, and we have developed adequate means to protect man in an earth-bound laboratory. However, in addition to the relatively unknown effects of mixed radiation dosage, the problem of protection in space is accentuated by the fact that radiation shielding conventionally employs materials of considerable weight. When you consider that it takes approximately 500 pounds of fuel for every pound that you place into earth orbit, this weight penalty in terms of fuel and rocket engine thrust becomes critical. Therefore, the need for light-weight radiation protection is given high research priority.

Beyond the task of providing the astronaut with a

Astronaut lying in moulded couch undergoes check-out by Dr. Minners before taking centrifuge test.

Dr. Minners, right, with Astronauts Charles Conrad and Gordon Cooper on deck of aircraft carrier following splash-down and recovery of the two Gemini V crew members last August.

suitable environment, protecting him from the forces of acceleration, and shielding him from space radiations, several other areas of aerospace medical interest have been defined. These include the provision of an adequate diet and the elimination of body wastes, not only solids, but also liquids and gases. Other potential medical abberations have been predicted within the general area of neurophysiology and neuropsychiatry, with difficulties from disorientation, isolation, boredom, interpersonal crew relationships, and altered work-rest cycles. Involved in the latter are some basic physiologic rhythms and patterns for human behavior, including sleep depth and circadian variations. At the time of crew selection, some of these potential problems may be anticipated and minimized by subjecting the astronaut candidate to psychological and stress testing in addition to clinical examinations. Such neurophysiologic alterations have been of no significance up to the present time.

Finally, I would like to deal briefly with one of the major problems of manned space flight: weightlessness, or the absence of gravity. We know from past Project Mercury and Gemini flights that man can endure weightlessness up to two weeks. However, definite orthostatic hypotension has been found. As evidenced in a 15-minute, 70° head-up tilt, such cardiovascular deconditioning has been moderate and has remitted soon after returning to the earth's gravity. Also, there have been changes in body fluid distribution as reflected in biochemical studies of blood and urine, and radioisotope (I^{125}, Cr^{51}) determinations of plasma volume, red cell mass, and erythrocyte survival. Densitometric techniques have demonstrated moderate demineralization of the metacarpals and os calcis. To date, the magnitude of such change has in no way compromised the astronauts' capability to complete assigned mission tasks. Specifically, there has been no clinical syncope, no pathologic bone fractures, no renal stone formation, and no evidence of radiation damage.

One of the greater challenges to space medicine is set forth by our technologic inability to create a zero gravity

state on the earth's surface. It is true that weightlessness can be achieved in parabolic aircraft flight for slightly longer than a minute. Regrettably, such short durations are essentially of no value for study of the cardiovascular, skeletal, body fluid, and many other physiologic adaptations to zero G. Thus, orbital spaceflight has been necessarily utilized as part of our investigations of weightlessness. Beginning with short durations, we have now worked up to the flight length requisite for the manned lunar landing, Project Apollo. Considerable data relating to the effects of null gravity have come from bedrest studies, water immersion, and other related techniques. These methods of simulation produce physiologic effects like those observed in weightlessness. However, the research oriented scientific community must not forget that to date the U.S. manned space flight program has been conducted primarily for the purposes of hardware and engineering development. True, man has been included as a significant part of the engineer's system. Nevertheless, what research we have done has been operationally oriented, and basic aeromedical investigations have ridden piggy-back as by-products of these engineering objectives. Although a number of experiments will fly on every U.S. manned space flight, primarily experimental flights will not be launched until later in Project Apollo. Thereafter, we will study man's physiology in space more thoroughly and, it is hoped, answer some of the less urgent, but nonetheless fascinating questions that have arisen in the course of Projects Mercury and Gemini.

Role of Flight Surgeon with NASA

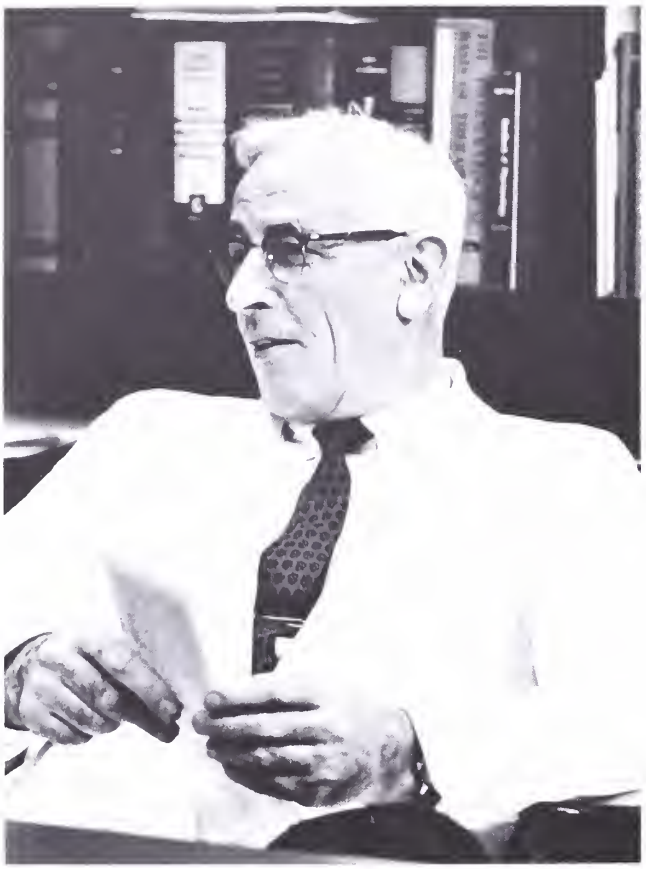
I will close by adding a few words about my own responsibilities with NASA. I have been involved in operational medical support during every manned space flight since John Glenn's orbital mission in February 1962. As an Air Force flight surgeon assigned to the NASA Manned Spacecraft Center, I have participated in astronaut selection, have examined many of the astronauts both before and after their space flights, and have flown with many of them in high performance jets. Some of my most interesting experiences have been related to astronaut training, including rides on the human centrifuge through a Gemini launch and reentry acceleration profile, survival training in the jungles of Panama, and participation in astronaut parachute training. For Project Gemini, with the exception of the recently foreshortened Gemini 8 during which I was in the Houston Mission Control Center, I have been aboard the prime recovery ship to direct the postflight medical examinations and activities following astronaut recovery from the Atlantic Ocean. In the course of such duties, one serves, to varying degrees, as the eyes and ears of other medical experimenters in gathering and analyzing mission data.

My specialty of aerospace medicine appears to have, in the cosmic sense, an unlimited horizon. The three years of residency, plus three years of experience prerequisite to Board certification, boil down to medicine in support of aviation and aviators. One may choose, as in most specialties, among varying mixtures of teaching, research, and clinical practice. There is considerable use of applied physiology with particular emphasis on altitude physiology. As a flight surgeon, one enjoys an interesting cross-fertilization with the language and principles of aeronautics and astronautics. Often the conventional doctor-patient relationship between physician and pilot becomes one of consultant to consultant.

As we reach out toward manned exploration of the universe, men will have to live in space vehicles and in lunar or planetary bases for long periods of time. Even if we are able to travel at nearly the speed of light, the great interstellar distances may require generations of families to live in space. Not even the Jules Verne within each of us could ask for a "higher" challenge in the pursuit of his chosen profession.

A Sterling Physiologist

Faculty Profile: *C. N. Hugh Long, M.D., C.M., Sc.D.*
Sterling Professor of Physiology



Forty-five years ago a young Englishman, bent on a career in organic chemistry, was diverted – temporarily, he thought – to investigate the chemical changes produced by muscular exercise in man. While engaged in that investigation he became interested in the metabolism of diabetes and heart disease, and decided to study medicine. New insights posed new questions to his inquiring mind, questions about the regulatory mechanisms whereby the body's internal environment is preserved. This is the field of research in which he has become one of the world's leading scientists. To the many honors he has received in recognition of his work, a new one was added this spring with the establishment of the C. N. Hugh Long Professorship of Endocrinology at Yale.

"When I started out," Dr. Long relates, "I had no intention of becoming a physician or a physiologist or anything but a hard core organic chemist. But there was more freedom in those days to take advantage of unexpected opportunities, and to choose one's own course. Today's young scientist may find himself working in a very limited area – the kidney, for example, or just one part of the kidney. There are tremendous pressures on him, mainly financial ones, to stay within a specialized area. When I was a demonstrator in physiology in London, my salary was equivalent to only $250 a year, but I was free to work in any area of physiology that interested me. I think it would be impossible to duplicate my career today."

Born in Wiltshire, England, in 1901, Dr. Long was attracted to science at an early age by the chemistry master at his school, a man whose enthusiasm for his subject and way of teaching were so effective that many of his students became noted scientists. On entering the University of Manchester, young Hugh Long enrolled at once in the chemistry honors program, an exacting course of study that he completed in 1921 with first class honors and a firm intention to pursue his interest in the chemistry of carbohydrates. Fortunately for medicine, his plan was altered when he met A. V. Hill, the newly appointed professor of physiology at the university. Professor Hill was investigating the physical and chemical changes underlying muscular contraction, studies that were later to win him a Nobel Prize.

"He explained to me that chemical changes associated with muscular activity included the breakdown of glycogen to lactic acid," Dr. Long recalls, "and that he needed the assistance of a chemist to follow these changes both in animals and in the blood of humans who were exercising. I must say that my first reaction was not too enthusiastic. I'd had little experience in biology, and in those days the efforts of the biochemists were not held in too high regard by many of their colleagues in pure chemistry.

"You see, I was used to dealing with substances that could be crystallized, whose physical constants and chemical properties were predictable. And here I was being asked to analyze the heterogeneous, messy, unknown properties of extracts of cells and of blood. But Professor Hill talked about the enormous possibilities for understanding living processes that the methods of chemistry and physics offered, and I began to be caught up in his enthusiasm and vision.

"Later I wondered why I hadn't had the sense to see for myself the challenge and excitement that these 'messes' offered to young students of chemistry and physics. By that time I had come to realize that they were the only keys that would unlock the mysteries of living cells and organisms."

Working with Professor Hill and his colleague Hartley Lupton, the 20-year old chemist soon began to suspect that their interest in him was not entirely due to his extensive training in chemistry. He was also an ardent

player of football, field hockey, and cricket, and his athletic prowess was put to practical use by his superiors. He found himself running up and down stairs and around the professor's garden while, at intervals, samples of blood were drawn from his arms. When he had recovered from these exertions he was asked to sit down and analyze his own blood samples for lactic acid.

"I have often thought since," he comments, "that my famous countryman Winston Churchill based his immortal phrase on my sacrifices for sciences. In those days it was certainly my blood and sweat, although the tears may have been shed by my colleagues who felt that I could have become a little more exhausted in the interest of science."

After two strenuous but productive years at Manchester, where he also took his master's degree in physiology, Dr. Long moved to the University of London to continue his studies and to begin his teaching career as a demonstrator in physiology. He had by then determined to complete the course of study in medicine, a plan that brought him to Canada in 1925 in the dual post of lecturer in the Department of Medicine at McGill University and director of the clinical laboratories at Royal Victoria Hospital in Montreal. Three years later he earned his medical degree at McGill and was appointed assistant professor of medical research.

His work in Montreal was primarily concerned with the metabolism of diabetes, a subject that had already begun to interest him before he left England. During that earlier period, ironically, he had declined a position offered him by Frederick Grant Banting at the University of Toronto who, with C. H. Best, had recently isolated insulin. At the time, few people knew much about Dr. Banting or fully appreciated the importance of his discovery. Three decades later, Dr. Long's own contributions in this field were to win him the Banting Memorial Medal of the American Diabetes Association.

Dr. Long with his first diabetic dog, at the University of London in 1924. He treated the animal successfully with insulin following pancreatectomy.

In 1932, Dr. Long was asked by the University of Pennsylvania to head the newly established George S. Cox Medical Research Institute. Arriving in Philadelphia he was presented with a suite of bare offices and laboratories, the only furnishing being a wall tablet which stated that the Institute had been founded for the purpose of "finding a cure for diabetes." Undaunted by this formidable — if somewhat unscientific — directive, he concentrated his studies on the factors that regulate carbohydrate metabolism. With his colleagues Dr. Francis D. W. Lukens and Miss Edith G. Fry, who was later to join his staff at Yale, he discovered the remarkable effect of adrenalectomy in alleviating the course of the fatal diabetes that follows pancreatectomy in experimental animals. In this major breakthrough, the key position of the adrenal cortex in carbohydrate metabolism was demonstrated for the first time, and a whole new area of endocrinologic research was uncovered.

Dr. Long was just 35 when he was invited to join the Yale medical faculty as chairman of the Department of Physiological Chemistry. (Founded in the nineteenth century, that department was actually the first in the United States to be devoted to the study of biochemistry. It was renamed the Department of Biochemistry in 1952.) He was appointed a Sterling Professor in 1938. During his three decades at Yale, he has also served as dean of the School of Medicine, from 1947 to 1952, and as chairman of the Departments of Physiology and Pharmacology as well as of the Division of Biological Sciences of Yale University.

The broad scope of his administrative activities, however, has not deterred him from his central quest for better understanding of the regulatory mechanisms governing metabolism. In 1940, he and his colleagues showed that the adrenal cortical hormones also participated in the regulation of protein metabolism. Using the then rare, newly isolated hormone cortisone, they discovered that when given in excess it causes a loss of the protein stores of the body, an effect that is of great importance in applying it as a therapeutic agent in certain diseases. The results of Dr. Long's studies over the years have, in fact, formed the basis for much of our modern understanding of endocrine and metabolic diseases.

The free-ranging method of investigation that has characterized his work is not easily available to young scientists today, Dr. Long asserts. "If I were just starting my career now," he says, "I would be strongly influenced to join a research team working on a specific project aimed at the conquest of one of the major diseases. People tend to go where the money is, and enormous amounts are being allocated for massive attacks on

such diseases as cancer. The problem is that individuals with new ideas usually get lost in huge projects."

He believes that greater consideration must be given to supporting individuals rather than categorical research. "We need to identify, as early in their careers as possible, the small number of men and women who possess those qualities of scholarship and originality that are the hallmark of distinguished research scientists. They are among the world's most important natural resources because the advancement of knowledge depends on them. They should be given the support they need and left to their dedicated ends."

He is concerned, too, about the public understanding of basic research, of how it is done and by whom. He points out that the achievements of science in some fields have caught the imagination of the public to an unsurpassed degree. However, he is deeply disturbed by the popular belief that, given enough money, scientists can solve any problem, and given twice as much money, can do it in half the time. In his view, this concept, erroneous in itself, also relegates to a secondary place the extremely important task of finding and training new researchers, not as junior members of a team seeking a cure for a particular disease, but as independent and creative investigators in their own right.

A firm advocate of the Yale system of medical education with its emphasis on the pursuit of individual interests, Dr. Long finds gratification in the close, informal relationship that exists here between students and faculty. Apart from his scheduled classes, whereby he has participated in the training of more than 1800 physicians, he has for many years had eight or ten students meeting weekly in his office for lively round-table discussion of topics ranging from basophilism to baseball.

At American Association for the Advancement of Science convention in 1949, Dr. Long conferred with Professor Otto Loewi, winner of Nobel prize for medicine and physiology.

"One thing a doctor must do," he declares, "is to learn to think for himself and to make his own judgments. Of course, knowledge is important. But independence of thought and a capacity to form judgments will be required of the physician all his life, while techniques and the interpretation of information are always changing." The question of how to handle the avalanche of new medical knowledge and to incorporate it into the training of physicians also needs greater attention, he feels. "We should have more experimentation in all fields of education, including medicine. Forty years ago Yale was a great innovator in the teaching of medicine, and many of its methods have since been adopted elsewhere. But no school is now doing sufficient research in this area."

When Dr. Long accepted the post of dean in 1947, the school was beset with difficulties, largely as a result of the war. "We had financial problems and there was comparatively little support for research. At the same time we had a tremendous number of student applications, and we were overcrowded and understaffed." During that period, also, five department heads had to be appointed; some 20 years had elapsed since the reorganization of the faculty under Dean Milton Winternitz and his appointees were reaching retirement age.

Indicating a portrait of Dr. Winternitz on his office wall, Dr. Long says, "There was a great medical educator. He saved this school when it was at the point of being abandoned by the university, and he made it unique among the medical schools of the United States. But after his time the deanship began to be rotated every five or six years. We were still operating on the theory that the administration of a modern medical school is a part-time job, which it is not." Dr. Long had continued, during his deanship, to head the Department of Physiological Chemistry. When he was succeeded in 1952 by Dean Vernon Lippard, the school's first full-time dean, Dr. Long became chairman of the Department of Physiology, a post he held until two years ago.

Dr. Long has been the recipient of honorary degrees from Yale, Princeton, McGill, and the University of Venezuela. His awards include, in addition to the Banting Medal, the Army-Navy Certificate of Appreciation, the Squibb Award of the Endocrine Society, a Guggenheim Fellowship, the Modern Medicine Award for Distinguished Achievement, the Scientific Award of the Pharmaceutical Manufacturers Association, and the Medal of Hiroshima University.

One measure of his contribution to medicine in which

he takes particular pride carries no official honor or award. This is the professional record of his former students and of the instructors, assistant professors, and research fellows who have worked with him at Yale. Of this group, 65 individuals are now professors in other medical schools, 23 of them also holding department chairmanships.

Among the many distinguished organizations of which Dr. Long is a member are the National Academy of Sciences, the Association of American Physicians, and the Endocrine Society of which he was formerly president. He especially enjoys belonging to the American Philosophical Society because it spans so many fields of scholarship. The Society's highly select membership of approximately 600, includes leaders in the humanities, arts, sciences, and government.

He refuses to estimate how much of his professional life has been devoted to working for the government of the United States, of which he became a citizen in 1942. During the Second World War he was Special Advisor to the Committee on Medical Research of the Office of Scientific Research and Development, Deputy Chief of the Committee's Division of Physiology, and a member of several committees of the National Research Council concerned with clinical investigation, research in endocrinology, and shock. Since the war he has served in various capacities with the Armed Forces Institute of Pathology, the Atomic Bomb Casualty Commission at Hiroshima, the Atomic Energy Commission at Brookhaven National Laboratory, the Public Health Service, the National Science Foundation, and the President's Scientific Advisory Committee – to name only a few. He has also participated in international missions on medical education to Japan and to Egypt.

Dr. and Mrs. Long hear the latest news of "Batman" from grandson John Greenwood Hall.

One might well ask whether such a man can find time for family life. The answer is distinctly affirmative. He met his English-born wife, the former Hilda Jarman, while he was a medical student in Montreal and they were married soon after his graduation. As the wife of the dean, Mrs. Long was a good friend to many students who came to know her at the daily teas formerly served by faculty wives in Sterling Lounge. More recently, Dr. Long notes, Mrs. Long has become "the world's farthest traveled, poorest paid baby sitter." The comment refers to their trip last Christmas vacation to Hawaii where on New Year's Eve they stayed with their grandsons so that their daughter Barbara and her husband might go to a party. Barbara is married to Yale graduate Richard Simons who teaches at the Punahou School of Honolulu.

The Longs' younger daughter, Diana Hall, is currently completing her studies at Yale for the Ph.D. degree in the history of science and medicine. Her father commends heartily her choice of this field: "With the explosive growth of science, we need many more people to concern themselves with recording its history. Everyone wants women to move into professional areas. This is an excellent area for young women who have an interest in science and are raising families." Mrs. Hall, a Smith graduate, is married to David Hall, assistant professor of history at Yale. They have two sons.

In 1964, Dr. Long took a sabbatical leave to accept a visiting professorship at the University of Hawaii where he lectured on biochemistry and physiology to the University's broadly cosmopolitan student body. "They were my first truly coed classes," he remarks. "Although I had taught women students before, I was not used to them in such large numbers, especially wearing saris and muu-muus."

On his departure from the University of Hawaii, he was presented by his colleagues and students with a *Certificate of Tropical Metamorphosis* which solemnly declares that "Prof. C. N. H. Long, who came to Hawaii as a neophyte *malihini**, is now duly certified to be a fully maturated *kamaaina.***" Contending that this coveted status is ordinarily achieved only after many years of residence in Hawaii, "accompanied by profound psycho-metabolic transformations," the citation states that in Dr. Long's case the award is made simply "in recognition of the personal generosity and warm spirit he has radiated to students and faculty alike. . . ."

These are the essential human qualities by which he is known to all who have worked with him throughout his remarkable career.

*newcomer **oldtimer

The First Faculty

MEDICAL INSTITUTION OF YALE COLLEGE · 1813

When the Medical Institution of Yale College opened its doors to students in 1813, the five appointed professors ranged in age from 24 to 80. Two were the sons of physicians; one came from a farming family. Before entering the field of medicine, one had prepared for the ministry and another had taken a degree in law. Two were chosen to teach in the new school simply because they were brilliant, promising young men; they were sent to centers of medical education to study for several years before assuming their professorships. The portraits of these five men hang in the rotunda of the Yale Medical Library. They are reproduced here through the courtesy of the Yale University Art Gallery. The accompanying text is by Madeline E. Stanton, Librarian of Historical Collections.

Munson portrait by J. William Jennys; gift of Hon. Dovid Daggett, Yale 1783, and Mrs. Doggett.

Smith portrait by Somuel F.B. Marse; gift of Yale medical class of 1826.

Silliman portrait by Somuel F.B. Morse; gift of Bortlett Arkell, Yole 1886.

Ives portrait by Nathaniel Jocelyn; gift of Yale medical closs of 1827.

Knight portrait by Nathaniel Jacelyn; gift af Yale medical class af 1828.

Eneas Munson 1734 - 1826

B.A. Yale College 1753, M.A. 1756

Eneas Munson was born in New Haven and had studied originally for the ministry, but three years after his graduation he was practicing medicine. Reasons for his change of discipline have been variously given as ill health, hypochondriasis, or dyspepsia; some have suggested that his irrepressible humor may have been chiefly responsible for his forsaking the ministry.

When plans for the Medical Institution were taking form, Munson had long been the leading physician in New Haven. Not only had he been a founder of the New Haven Medical Society and the Connecticut State Medical Society, but he had been president of these organizations for many years. The charter of the Medical Institution, issued in 1810 by an act of the General Assembly of Connecticut, placed the new school under the joint sponsorship of Yale College and the State Medical Society.

Munson was a botanist of note and is credited with the introduction of *Conium maculatum* (poison hemlock) in America. He was 80 years old when he became the first professor of botany and materia medica in the Medical Institution, and although his duties were mainly discharged by his assistant, Dr. Eli Ives, his position, reputation, and experience were great assets to the new school.

Nathan Smith 1767 - 1829

M.B. Harvard 1790, M.D. 1811

Nathan Smith was by far the most famous member of the first faculty. He had been a poor country boy whose appetite for medicine had been whetted by fortuitous events, and he lost no time or opportunity to further both his general and his medical education. He traveled first to Harvard and then to Great Britain to visit famous physicians and learn all he could from them. At Dartmouth he built up, single-handedly, a thriving medical school. When he came to New Haven as professor of the theory and practice of physic, surgery, and obstetrics, his pre-eminence in the field of medicine and his driving force and originality as an administrator, teacher, and scientific investigator were widely recognized. He was far ahead of his time, and years have not dimmed his reputation. An accurate and keen observer, unfettered by traditions and blessed with a fund of common sense, he wrote many articles that can be read today with pleasure and profit.

William Henry Welch writes of Nathan Smith's *Practical Essay on Typhous Fever* (1824) that it "is like a fresh breeze from the sea amid the dreary and stifling writings of most of his contemporaries. The disease which he describes is typhoid fever, and never before had the symptoms been so clearly and accurately pictured. He recognized that this fever is due to a specific cause and is self-limited."

Benjamin Silliman 1778 - 1864

B.A. Yale College 1796, M.A. 1799; M.D. Bowdoin College 1818

In 1802 the Yale Corporation decided to establish a chair of chemistry and natural history and to appoint as the first incumbent Benjamin Silliman, an outstanding young man who had just taken a law degree and whom President Dwight had been watching with much interest. After three years of preparation in Philadelphia, England, and Edinburgh, during which his studies included medical subjects, Silliman took up his duties as professor of chemistry. Almost immediately he was involved in the negotiations for establishment of a medical school and then in choosing the first faculty of which he became a member.

Silliman taught until 1863, having meanwhile added mineralogy, geology, and pharmacy to chemistry as disciplines he professed. He gained an eminent reputation as a scientist and as founder and editor of the *American Journal of Science*, the oldest scientific journal in the United States still in existence. Through his popular public lectures and geological surveys in many parts of the country, he brought great distinction to Yale.

In later life Silliman wrote his personal reminiscences, a nine-volume work entitled *Origin and Progress of Chemistry, Mineralogy and Geology in Yale College*. Volume IV contains an account of the early negotiations and subsequent establishment of the Medical Institution of Yale College.

Eli Ives 1779 - 1861

B.A. Yale College 1799, M.A. 1802

Eli Ives studied medicine with his father and Eneas Munson and also attended lectures by Rush and Wistar in Philadelphia. He was one of the Connecticut Medical Society's leading negotiators with Yale College between 1806 and 1810, and the Society granted him an honorary M.D. in 1811. Although his first title in the Medical Institution was adjunct professor of materia medica and botany, he was virtually *the* professor since Munson's occupancy of the chair was honorary because of his advanced years.

Ives brought to his classroom a scientific attitude of mind which was noteworthy for his time and of great value to his pupils. On a plot behind the school he laid out a garden of medicinal and therapeutic plants which he maintained at his own expense for many years.

As one of the foremost botanists of his day, Ives was a member of the convention that framed the first United State Pharmacopoeia, published in 1820, and he was president of the second convention in 1830. When the American Medical Association met in New Haven in 1860, he was chosen president.

Ives served the medical school until 1853, teaching diseases of children from 1820 to 1829 in addition to materia medica. In 1829 he became professor of the theory and practice of medicine, a chair that his grandson, Charles Linnaeus Ives, occupied from 1868 to 1873.

Jonathan Knight 1789 - 1864

B.A. Yale College 1808, M.A. 1811

The son of a practicing physician in Norwalk, Connecticut, Jonathan Knight served the Medical Institution for 51 years, the longest tenure of any of the original faculty. He was appointed professor of anatomy and physiology at the age of 24, having spent the two previous winters in Philadelphia attending medical lectures to prepare himself for the post. He was professor of the principles and practice of surgery from 1838 until his death.

Knight was a prominent and effective member of the Connecticut Medical Society. Elected the first president of the American Medical Association in 1853, he was instrumental in piloting that organization through its formative years. In fact, his wisdom and good judgment seem to have been called upon often to help individuals and causes in times of stress.

As the youngest member of the first faculty, Knight was evidently assigned a variety of chores. His day books carry on the flyleaf, "J. Knight. Commenced business in New Haven April 8th 1813," and record purchases of many kinds, a few of which are picked at random:

To a model & pamphlet on Craniology	2.50
To laying a stone hearth in L room	.75
To a Bible	3.50
To a saw	.92
To blankets &c.	8.37½

His entry of October 31, 1814, "To a lock for Library —1.67," is the first definite evidence of the existence of a library at the young school.

Internship Appointments *Class of 1966*

Benjamin Frederick Balme, Rotating, University of Oregon Hospitals, Portland, Oregon
John Darling Baxter, Medicine, Yale-New Haven Medical Center, New Haven, Connecticut
Patricia Hildick Bazemore, Pediatrics, Bellevue 3rd Division Pediatrics, New York City
Robert Patrick Bazemore, Mixed Medicine, Bellevue 1st Medical Division, New York City
Frank Cooper Bell, Medicine, The New York Hospital, New York City
Philip Bernstein, Surgery, Palo Alto-Stanford Medical Center, Palo Alto, California
Stanley Hoyt Block, Pediatrics, Childrens' Hospital of Philadelphia, Philadelphia, Pennsylvania
James Edward Brown, Medicine, Cleveland Metropolitan General Hospital, Cleveland, Ohio
Milton Lawrence Bullock, Rotating, Hennepin County General, Minneapolis, Minnesota
Eugene Patrick Cassidy, Pathology, Yale-New Haven Medical Center, New Haven, Connecticut
Donald Jay Cohen, Pediatrics, Childrens' Medical Center, Boston, Massachusetts
Thoburn Aaron Dadisman, Medicine, University of Virginia Hospitals, Charlottesville, Virginia
Joseph Andrew Donadio, Medicine, St. Luke's Hospital, New York City
Robert Edward Dragon, Surgery, Yale-New Haven Medical Center, New Haven, Connecticut
Marvin Allen Eisengart, Pediatrics, Bronx Municipal Hospital Center, New York City
Jerry Maurice Emery, Medicine, Colorado Medical Center, Denver, Colorado
Anthony Paul Fappiano, Pathology, Yale-New Haven Medical Center, New Haven, Connecticut
Herbert William Felsenfeld, Rotating, Hartford Hospital, Hartford, Connecticut
Peter Malcolm Fitzer, Surgery, Charity Hospital Tulane Division, New Orleans, Louisiana
David Alan Fox, Mixed Pediatric, Bronx Municipal Hospital Center, New York City
Robert Neil Frank, Medicine, Grady Memorial Hospital, Atlanta, Georgia
Robert Carr George, Surgery, New England Center, Boston, Massachusetts
Peter Douglas Gibbons, Pediatrics, Palo Alto-Stanford Medical Center, Palo Alto, California
Jeffrey Brookfield Gluckman, Mixed Medicine, Mount Sinai Hospital, New York City
Stanley Ira Greenspan, Mixed Psychiatric, Syracuse Medical Center, Syracuse, New York
John McLeod Griffiss, Medicine, King County Hospital, Seattle, Washington
Robert Allan Gunn, Medicine, Los Angeles County Hospital, Unit 1, Los Angeles, California
Henry Gorman Hanley, Medicine, Boston University-Boston City Hospital, V & VI Medicine, Boston, Massachusetts
Stuart Theodore Hauser, Medicine, Beth Israel Hospital, Boston, Massachusetts
Jay G. Hayden, Surgery, Cincinnati General Hospital, Cincinnati, Ohio
Mary Alice Houghton, Pediatrics, Hospital of St. Raphael, New Haven, Connecticut
John Brewster Howard, Medicine, Boston University-Boston City Hospital, V & VI Medicine, Boston, Massachusetts
Richard John Howard, Surgery, Presbyterian Hospital, New York City
Bruce Waldo Jackson, Rotating, Los Angeles County Hospital, Unit 1, Los Angeles, California
Gordon Randolph Kelly, Medicine, Buffalo General Hospital, Buffalo, New York
Neal Koss, Surgery, Presbyterian Hospital, New York City
Stuart Mark Kotler, Surgery, Bronx Municipal Hospital Center, New York City
Wilbur Leroy Kukes, Rotating, Los Angeles County Hospital, Unit 1, Los Angeles, California
David Charles Law, Medicine, Prog. 1, Georgetown University, Washington, D.C.
Lynne Carole Lipton, Pediatrics, Bronx Municipal Hospital Center, New York City
Henry Brower Mann, Pediatrics, Hospital of St. Raphael, New Haven, Connecticut
Peter Edward Maxim, Rotating, Mary Imogene Bassett Hospital, Cooperstown, New York
Caroline Ogden McCagg, Surgery, Yale-New Haven Medical Center, New Haven, Connecticut
Robert Leslie McRoberts, Surgery, St. Lukes Hospital, New York City
David Barry Melchinger, Medicine, Yale-New Haven Medical Center, New Haven, Connecticut
John Stephens Melish, Medicine, Strong Memorial Hospital, Rochester, New York
Marian Matheke Melish, Pediatrics, Strong Memorial Hospital, Rochester, New York
Harold Mellin, Medicine, Mount Sinai Hospital, New York City
John James Mooney, Pathology, Yale-New Haven Medical Center, New Haven, Connecticut
William York Moores, Surgery, University Hospitals, Ann Arbor, Michigan
Eli Herbert Newberger, Medicine, Yale-New Haven Medical Center, New Haven, Connecticut
Edward John O'Keefe, Medicine, Yale-New Haven Medical Center, New Haven, Connecticut
Neil James Peterson, Medicine, University of Minnesota Hospitals, Minneapolis, Minnesota
William David Peterson, Mixed, Rochester General Hospital, Rochester, New York
Anthony William Robbins, Medicine, Beth Israel Hospital, Boston, Massachusetts
Edward Barry Sadin, Surgery, Harbor General Hospital, Torrance, California
James Gilbert Sansing, Medicine, Yale-New Haven Medical Center, New Haven, Connecticut
Clarence Takashi Sasaki, Rotating, San Francisco Hospital, San Francisco, California
Joel Singer, Surgery, Yale-New Haven Medical Center, New Haven, Connecticut
James Dennis Slavin, Jr., Surgery, Yale-New Haven Medical Center, New Haven, Connecticut
Mark Snider, Medicine, Jackson Memorial Hospital, Miami, Florida
Reynold Spector, Medicine, Peter Bent Brigham Hospital, Boston, Massachusetts
Parker Jonathan Staples, Medicine, Strong Memorial Hospital, Rochester, New York
Alan William Stone, Pathology, Yale-New Haven Medical Center, New Haven, Connecticut
Lawrence Joseph Toder, Rotating, Presbyterian Medical Center, San Francisco, California
Gary Luther Townsend, Surgery, Indiana University Medical Center, Indianapolis, Indiana
Lee Van Lenten, Graduate Study, Rockefeller University, New York City
Joan Trowbridge Wayland, Pediatrics, Children's Medical Center, Seattle, Washington
Jon Sewell Wayland, Medicine, King County Hospital, Seattle, Washington
John Wynn Wickenden, Rotating, San Francisco Hospital, San Francisco, California
William Buckingham Yeagley, Rotating, Wayne County General Hospital, Eloise, Michigan
Arne Sigfried Youngberg, Medicine, Yale-New Haven Medical Center, New Haven, Connecticut
Richard Brown Yules, Surgery, Palo Alto-Stanford Medical Center, Palo Alto, California

R_x For Rh Babies

Important advances in the treatment of erythroblastosis fetalis, achieved by a team of Yale doctors, were described in a 30-minute television program taped at the Yale-New Haven Medical Center this spring by Station WGBH, Boston, for its series entitled "Science Reporter." The program was seen in April on educational channels throughout New England.

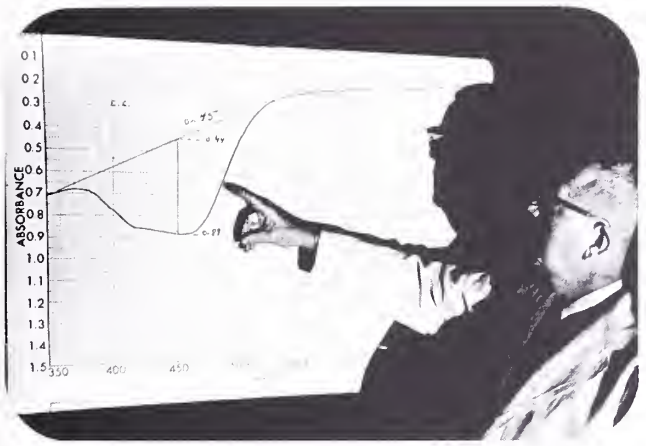
The technique of intrauterine transfusion of Rh babies, first reported in 1963 by Dr. A. W. Liley of New Zealand, has been used successfully during the past year at the Yale-New Haven Hospital with an added feature developed here: the marking of a grid system with lateral indicators on the mother's abdomen during X-ray to locate the target with the greatest possible precision. In two instances involving very small fetuses, the Yale group has resorted to an operative technique in which the fetus is partially removed from the uterus and a catheter implanted directly into its peritoneal cavity. In each case the baby was returned to the uterus alive, one surviving for 24 hours, and the other for ten days.

More recently, the group has concentrated on perfecting the fiber optic technique which obviates the X-ray procedure. Using a modified fiber optic cystoscope inserted through the mother's abdomen, the physician can see the fetus clearly and determine the exact placement of the catheter needle. Initial clinical trials of the fiber optic system promise new hope for babies previously doomed to intrauterine demise.

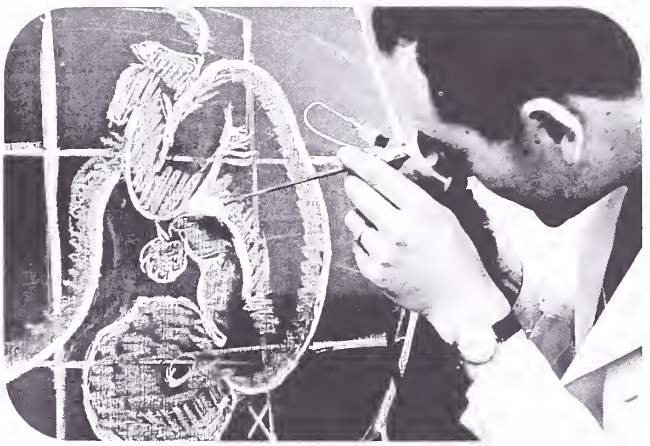
These advances are the work of four members of the Department of Obstetrics and Gynecology: Dr. C. D. Davis, professor; Dr. Maclyn E. Wade, instructor; Dr. Ernest I. Kohorn, instructor; and Dr. Wayne R. Ulisnik, a resident. Supporting them are Dr. Joseph R. Bove, assistant professor of medicine and director of the hospital blood bank, and Dr. Louis Gluck, associate professor of pediatrics. In the television program Drs. Davis, Wade, and Bove explained the nature of the Rh problem and progress being made toward its solution. "Science Reporter" is produced in cooperation with the Lowell Institute Cooperative Broadcasting Council, an organization sponsored by several New England educational institutions including Yale University.

WGBH camera records interview with Dr. Bove by John Fitch, host on "Science Reporter." Dr. Bove explained the etiology of Rh sensitization.

X-ray picture of fetus and mother shows grid system and lateral markers used to determine the precise location for introducing a needle through the maternal abdomen and into the fetal peritoneal cavity. (Needle shown here injects contrast medium for purposes of X-ray.)



Dr. Dovis indicates on a chart the significance of spectrophotometric deviations of amniotic fluid.



Dr. Wade demonstrates the use of the fiber optic cystoscope on a drawing of a fetus. Turbid amniotic fluid which may hinder visibility is pushed aside by small balloon on tip of scope.

Dr. Dovis, left, and Dr. Wade, right, discuss details of the script with Russell Morosh, producer-director of the television program.

Operation to remove 24-week old fetus for transfusion was performed by Drs. Wade, Davis, and Kohorn. Catheter is inserted into baby's peritoneum while EKG cathode on the right foot monitors the fetal heart rate. Saline solution from syringe keeps the baby warm and moist. Pictures taken during an operation and reproduced on television tape are believed to be the first to show publicly this operative technique.

Grover Francis Powers: Father of Pediatrics at Yale

The Yale Medal, highest honor given by the Yale Alumni Board for outstanding service to the University, was awarded on February 19 to Dr. Grover F. Powers, professor emeritus of pediatrics and one of the country's foremost authorities on mental retardation. Dr. Powers, who will celebrate his seventy-ninth birthday on August 12, received the award from President Kingman Brewster with the following citation:

"From 1921 to 1952, Grover Francis Powers served with great distinction as a member of the medical school's faculty and, for twenty-five years, as chairman of its Department of Pediatrics. His stewardship elevated that department to a position of undisputed leadership in this country. Foreign governments, educational institutions, professional associations, and foundations have, through honorary degrees, citations, and awards, acknowledged his fame as a physician and a scholar. It is, however, as a teacher and a clinician that he has made his most notable contributions to the medical profession, to this community, and to this university. The host of practicing pediatricians whom he has taught will join in applauding the honor which the Alumni Board confers upon him today."

Dr. Powers' success as a teacher may be measured by the large number of outstanding pediatricians in all parts of the country, including many on medical school faculties, as well as by the achievements of men and women in other fields of medicine, who have studied with him at Yale.

Born in Colfax, Indiana, Dr. Powers graduated from Purdue University in 1908. He earned his medical degree in 1913 from Johns Hopkins University and served for eight years in pediatrics at Johns Hopkins Hospital. From 1916 to 1921, he was also medical director of the Babies Milk Fund Association of Baltimore, a post in which he gained valuable experience in the preventative and public health aspects of pediatrics at infant welfare clinics. He joined the Yale faculty in 1921 and six years later was appointed professor and chairman of the Department of Pediatrics and pediatrician-in-chief at New Haven Hospital. He held both posts until his retirement 14 years ago.

His valuable contributions to solving the problems of infant nutrition, particularly rickets, included the development of a simple, straightforward analysis of the principles of infant feeding that emphasized the importance of total caloric intake in the mixture. In 1947, he received the Borden Award of the American Academy of Pediatrics for "outstanding research in the nutrition of infants and children," and, in 1953, the American Pediatrics Society honored him with the John Howland Award.

Dr. Powers is best known nationally for his work in the field of mental retardation. He played a leading role in the creation of the State of Connecticut's Southbury Training School, which has become a model for the practical demonstration of his advanced concepts of cottage life, education, and training for the mentally retarded. Under his guidance, the State has also pioneered in establishing small residential and day-care training centers in which retarded children participate as much as possible in family and community life. His services in this field were acknowledged in December 1963 by an award from the Joseph P. Kennedy, Jr. Foundation, bestowed on Dr. Powers by President Johnson. The Foundation statement noted that Dr. Power's influence has reached beyond the medical profession to legislative bodies and parents' groups.

Of his countless commendations, perhaps the most meaningful to those who know him personally is the tribute expressed by one of his close colleagues, the late Daniel C. Darrow, professor of pediatrics. Dr. Darrow wrote that Dr. Powers "will ultimately be judged by his ability to develop men. As a university professor, his greatest satisfaction and achievement have been the training of students to become physicians, and house officers to become pediatricians. . . . Pediatrics at Yale will long be considered his creation, and the measure of his life's work."

In and About Sterling Hall

Louie N. Claiborn, M.D.

Dr. Louie N. Claiborn, associate clinical professor of surgery and a member of the Yale medical faculty for thirty-four years, died suddenly following a heart attack at his home in Hamden, Connecticut, on February 16. He was 62 years of age.

Well known as a plastic surgeon, Dr. Claiborn was in charge of the plastic surgery clinic at the Yale-New Haven Hospital where he was an attending surgeon. He also served as a consulting surgeon to the Department of University Health and to several Connecticut hospitals including the Veterans Administration Hospital in West Haven.

Born in Waynesville, Missouri, he attended the University of Montana and received his M.D. degree from Washington University School of Medicine in St. Louis in 1927. Following an internship in surgery at the Vanderbilt Hospital in Nashville, Tennessee, he came to the New Haven Hospital as a surgical intern and was a resident from 1929 to 1932. He joined the Yale faculty in 1932 as an instructor in surgery. He was promoted to assistant clinical professor in 1938 and to associate clinical professor in 1946. During World War II, Dr. Claiborn served in the U.S. Army with the 39th General Hospital from July, 1942 to October, 1945.

He was active in many professional organizations and was a fellow of the American College of Surgeons. In April of 1965, he had been elected president of the New England Society of Plastic and Reconstructive Surgery.

Just os this issue was going to press, we received the sad news of the deoth of Dr. John C. Leonard, clinicol professor of medicine and a past president of the Association of Yale Alumni in Medicine.

C. N. Hugh Long Professorship

An anonymous gift of $600,000 has been made to Yale University to establish a new professorship in the School of Medicine, Yale's 200th endowed chair. It will honor Dr. C. N. Hugh Long, Sterling Professor of Physiology and former dean of the school. The C. N. Hugh Long Professorship is endowed specifically for studies in endocrinology and metabolic diseases. Its first incumbent has not yet been named.

Commenting on the new professorship which was announced in February, Dean Lippard said it "will add new strength to our programs of instruction and research in the important field of endocrinology, which deals with the study of such diseases as diabetes and hypertension. It is a most appropriate tribute to Dr. Long, who is one of the world's leading scientists in this field."

Dr. Long is the subject of a faculty profile beginning on page 12 of this issue.

New Book

The second edition of *Selected Readings in the History of Physiology*, compiled by Dr. John F. Fulton, late Sterling Professor of the History of Medicine and formerly Sterling Professor of Physiology at Yale, has been completed by Dr. Leonard G. Wilson, associate professor of the history of science and medicine, and recently released by Charles C Thomas, Publisher.

This is an entirely new and considerably enlarged edition of a volume first published in 1930. Its origin is described in the preface by Elizabeth H. Thomson, research associate in the history of science and medicine:

"During the long months of the particularly severe and snowy winter of 1957-58 John Fulton was in rural New Hampshire slowly making his way back to health after a severe illness. To take his mind away from the frustrations of this enforced rest he turned to the revision of his *Selected Readings in Physiology* which had long been out of print.

". . . more than half of the manuscript was in an advanced state when Dr. Fulton resumed active work at Yale in the autumn of 1958 . . .

"Dr. Fulton had been looking forward with keen anticipation to association with Leonard G. Wilson, whose work in the history of physiology he had been following for several years and with whom he hoped to work on the *Readings* when Dr. Wilson joined the Department in July of 1960. But John Fulton died on 29 May 1960, and the task of completing the book has fallen to Leonard Wilson alone."

This final book of John F. Fulton's illuminates the history of physiology through individual selections representing the work of over 200 physiologists, ranging in time from the third century B.C. to the mid-twentieth century. Each chapter has an introduction providing an historical framework for the selections which in turn are preceded by biographical notes on the authors. Of particular interest in this new edition is an essay by Dr. Fulton describing his early experiences in collecting his own library, on which this book is based.

Dr. Stone Honored

Dr. Leon S. Stone, Bronson Professor Emeritus of Comparative Anatomy, was honored by Lafayette College on April 15 in a ceremony commemorating the 100th year of science and engineering instruction at that school. A member of the class of 1916, Dr. Stone was cited as representative of alumni who have enriched their disciplines through distinguished teach-

ing and other contributions. The citation read in part: "A specialist in the field of vision, a pioneer in transplantation of eyes and retinal regeneration, you have won diverse honors including the Bronson Professorship at Yale and the Doyne Memorial Medal of the Oxford Ophthalmological Congress of England . . . We are grateful for the vision you have given many — figuratively as literally. May your life be a beacon to beckon many on."

Librarian Appointed

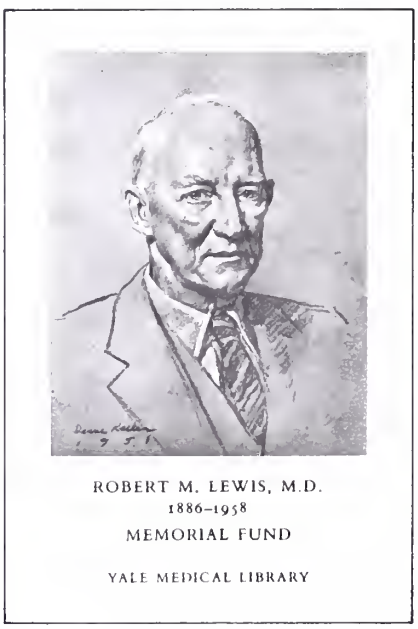
Stanley D. Truelson, Jr., librarian of the University of Rochester School of Medicine and Dentistry, was appointed librarian of the Yale Medical Library, effective May 1. He fills the post vacated last November by Frederick G. Kilgour, who was promoted to the newly-established position of associate librarian for research and development at Yale. J. Gordon Kenefick, associate librarian in charge of school and departmental libraries, served as acting medical librarian during the interim.

Dr. Waksman in Israel

Dr. Byron H. Waksman, professor and chairman of the Department of Microbiology, recently attended the Antibody Workshop held at the Weizmann Institute in Rehovot, Israel, March 21-24. The workshop, which was devoted to discussion of current work in fundamental immunology, was attended by about fifty scientists from various nations and and an equal number of Israeli scientists.

Discussion focused especially on the exact structure of polypeptide chains in the antibody molecule and the possible genetic basis for differences among such chains. A number of sessions were also devoted to the cells which produce antibody and their derivation. Dr. Waksman presented some recent evidence from his laboratory that specific immunologic tolerance for some immune responses may be produced by antigen acting on immature cells within the thymus.

During his stay in Israel, Dr. Waksman was able to travel to Jerusalem and also to the Sea of Galilee where he visited the historic cities of Acre, Caesaria, and Nazareth. His travels included an overnight stop in a kibbutz.



Robert M. Lewis Fund

Friends of Dr. Robert M. Lewis (1886-1958) have established in his name a memorial fund for the purchase of books for the Yale Medical Library. Dr. Lewis, who was associate clinical professor of obstetrics and gynecology at Yale from 1925 until his retirement in 1954, was particularly interested in having medical books available for scholars and practitioners. A special bookplate with a drawing of Dr. Lewis by Deane Keller will identify those books purchased through the memorial fund.

New Medical Journal

Investigative Radiology, a handsome bi-monthly journal edited by two members of the Department of Radiology and a colleague in Sweden, began publication in January of this year. Dr. S. David Rockoff, assistant professor of radiology, is editor-in-chief of the new periodical. Dr. Richard H. Greenspan, professor of radiology, and Dr. Björn Nordenström of the Karolinska Sjukhuset, Stockholm, are associate editors, Published by J. B. Lippincott Company of Philadelphia, *Investigative Radiology* is intended "to stimulate radiologists to enter into good research projects, to serve as a forum for the presentation, evaluation and discussion of radiologic research, and to allow radiologists to participate in an exciting aspect of their specialty."

Dr. Weinman Returns from Southeast Asia

Dr. David Weinman, professor of microbiology, has returned to New Haven after three years in Southeast Asia. The first ten months were spent in Saigon, the remainder in Bangkok.

In the fall of 1962, he was granted a leave of absence by Yale to join the Faculty of Medicine of the University of Saigon under a State Department (AID)-sponsored project in medical education. This project was undertaken because, following the partition of Vietnam, the Faculty in Saigon was being expanded to replace the one in Hanoi. Assistance was offered in two areas: the construction of a new basic sciences building; and the provision of staff, equipment and training in the basic medical sciences.

Dr. Weinman assumed over-all responsibility for microbiology. In a recent report on his experience in Saigon, he said:

"Working relationships were established both at the faculty and student level. Then, the internal political situation deteriorated. Because of circumstances outside of my control, including coups d'etat, changes in staffing of interested ministries, the closing of the Faculty by the government (the grounds being patrolled by bayonet-bearing guards), and student boycotts, progress slowed. It was considered, in late 1963, that the situation would probably not improve substantially in the near future, and a transfer to Bangkok was arranged. The medical education project continued slowing, and this effort may be considered one more casualty of the Vietnam war, hopefully, a temporary one. The need persists."

The period in Bangkok was spent in the SEATO Medical Research Laboratories, which contain an "American Component" housed by the Thailand Government and provided for by the Walter Reed Army Institute of Research. Through the courtesy of General Phung Phintuyothin, Director General of SMRL Bangkok, of Col. William Tiggert, Director of WRAIR, and of Col. James L. Hanson, then Director of the American Component of SMRL Bangkok, space, facilities, and cooperation were obtained leading to a productive two years.

Dr. Weinman's research interests centered on the pathogenesis of amebic liver abscess; on certain facets of human malaria; and on a peculiar, acute, febrile anemia associated with Bartonella-like erythrocytic structures, originally described by colleagues in Chiengmai, North Thailand. Clinical material was not scarce, and no logistical problems arose in obtaining suitable specimens from liver abscess, which occurs in Bangkok. Malaria, which does not, required four hours by Land Rover, usually transporting assistants, equipment and animals. Chiengmai was, fortunately, accessible by commercial aircraft.

Responsibility for Thai graduate students in microbiology was undertaken in the Faculty of Graduate Studies in the University of Medical Sciences as thesis director and also for on-the-job training. At the suggestion of the former rector of the University, initial plans were laid for accommodating in a Bangkok university hospital Yale students interested in broadening their medical background by experience with tropical disease patients.

Dr. Weinman

Commenting on features of the medical situation in Thailand, Dr. Weinman noted, "One of the most striking is the number of women doctors in research who, because of the social structure of the country, are able to bear children, rear a family, and manage a household, all with scarcely more distruption to their scientific careers than the taking of a month for summer vacation. Many fascinating medical problems remain unsolved. It is also a pleasure to confirm the reputation of the Thais for graciousness."

Faculty Members Lecture in Special Course

Two members of the Department of Medicine will participate in a special postgraduate course sponsored by the American Society of Gastrointestinal Endoscopy in Chicago, May 23-25. Dr. Howard M. Spiro, associate professor of medicine, will discuss esophageal dystonia and Dr. Martin E. Gordon, assistant clinical professor of medicine, will speak on the history of gastrointestinal endoscopy and will also discuss future prospects for gastroscopic techniques.

Going to the A.M.A. Convention?

The Association of Yale Alumni in Medicine will sponsor a cocktail party at the A.M.A. Annual Convention in Chicago in June. All alumni, faculty, and former house staff are invited and are welcome to bring their wives and friends.

The gathering will be held on Monday, June 27, from 6:00 to 8:00 P.M. in the Lincoln Room at the Pick-Congress Hotel. No tickets are required as it will be a pay-as-you-drink party. If you plan to attend the 1966 A.M.A. Convention, meet your friends at the Yale Medical Alumni Cocktail Party.

Alumni News

1907, 1911, 1912
Three alumni received fifty-year membership awards at the annual dinner of the Connecticut State Medical Society on April 27. The doctors honored were GENESIS F. CARELLI ('11), ISAO HIRATA, SR. ('12), and ANTHONY J. MENDILLO ('07), all of New Haven.

1927
The National Multiple Sclerosis Society presented its Golden Scientific Hope Chest Award to HARRY M. ZIMMERMAN for "distinguished contributions in the field of multiple sclerosis research." Dr. Zimmerman is pathologist at the Montefiore Hospital in New York City and professor of pathology at the Albert Einstein College of Medicine.

1928
RALPH E. KNUTTI has been appointed executive officer of Universities Associated for Research and Education in Pathology, a non-profit organization recently formed to encourage and facilitate cooperation among universities and other scientific institutions in research and education in pathology and related fields. He was director of the National Heart Institute of the National Institutes of Health from 1961 until his retirement from the Public Health Service last July and was given the Public Health Service award for meritorious service. He has also been the recipient of American Heart Association and American College of Cardiology awards for service to the field of cardiology. In addition to his responsibilities for UAREP, Dr. Knutti will also serve as executive officer for the American Society for Experimental Pathology.

1930
J. EDWARD FLYNN is editor of a new volume on *Hand Surgery* recently published by the Williams and Wilkins Company. Dr. Flynn is an associate professor of surgery at Tufts University School of Medicine and a visiting surgeon on the First Surgical Service at Boston City Hospital as well as St. Elizabeth's Hospital, Boston State Hospital, and the Boston Veterans Administration Hospital.

1931
THEODORE F. HAHN, Jr., of Rutherfordton, North Carolina, gave a talk entitled "John Gorrie and Science and Suffering" to the Department of History and Philosophy of Medicine at the University of Florida School of Medicine in Gainesville in January. John Gorrie (1803-1855) was a physician who practiced in Appalachicola, Florida, and who is known especially for his invention of an ice-making machine which was patented in 1851. His motivation in developing this machine, and also an early room air cooling system, was apparently to relieve suffering from malaria.

1936
THOMAS H. BURFORD is currently president of the Society of Thoracic Surgeons, an organization which held its first meeting last year and already has over 600 members. Dr. Burford is clinical professor of thoracic and cardiovascular surgery at the Washington University School of Medicine in St. Louis.

1940
In a letter last fall to JAMES SMITH, class agent, JACK BLAISDELL said that he had every intention of attending the Class Reunion in June 1965 but his schedule did not work out. He writes: "Famie and I were back East in June to attend our daughter's graduation from Sarah Lawrence College following which we three took a trip through the Caribbean and Peru, coming back to California by way of Mexico." He also noted: "Naturally I think often of student days and every once in a while I look over some of the photographs which I took at that time. I have even entertained the notion of preparing some lantern slides from those negatives which I still have and I wonder if this would be of interest to you and the class as a whole, perhaps at some future gathering." This is a great idea for the 30th reunion in 1970. Perhaps other members of this class also have photographs which they will bring to the reunion.

1941
CHARLES B. CHENEY of New Haven is currently president of the Connecticut Society of American Board Obstetricians and Gynecologists. He has also served for the past two years as a member of the Connecticut Medical Examining Board.

1942
WALTER J. BURDETTE has been appointed associate director of research and professor of surgery at the M. D. Anderson Hospital and Tumor Institute in Houston, Texas.

1943 (March)
ROCKO M. FASANELLA was guest lecturer at the annual meeting of the Buffalo Ophthalmologic Club in Buffalo, New York, in February. In May he will speak at the Chicago Ophthalmological Society's Annual Clinical Conference and will also participate in the meeting of the Société Française D'Ophthalmologie.

1943
MORRIS A. WESSEL, who is an associate clinical professor of pediatrics at Yale, has been appointed liaison representative of the American Academy of Pediatrics to the Child Welfare League of America. This position was formerly held by another Yale medical alumnus, SAMUEL KARELITZ ('23).

1954
ROBERT JOY, a major in the Medical Corps, has been in Vietnam since September as chief of the U.S. Army Medical Research Team's laboratory in Saigon. The primary mission of this laboratory is surveillance of disease that is affecting or likely to affect the health of American forces. Major Joy wrote as follows in a recent letter: "I have been getting out of Saigon about 7-10 days a month — partly because it's my job, and

partly because I can stand an office just so long. The combat areas almost remind one of Grade B movies on W.W. II—until you stand in a clearing station and watch the casualties come in. The infantryman's war is dirty, hot, fierce and deadly. Much of the fighting is very close combat—our killed-in-action and wounded-in-action ratios are very close. Living is primitive, the native population is loaded with various exotic diseases, and when the monsoon season hits your zone, you live in mud. Nothing ever really changes in war." He noted that TONY BOURKE, who received his D.P.H. from Yale in 1961, is the team's malaria expert and that CRAIG LLEWELLYN ('63) is doing an outstanding job in a most difficult assignment as the Staff Surgeon for the 5th Special Forces Group.

1955

EDWARD D. COPPOLA has been appointed a Markle Scholar in Academic Medicine with support for the five-year period 1966-1971. These scholarships of the John and Mary R. Markle Foundation are intended to assist outstanding young medical school faculty members in their development as teachers, investigators, and administrators. The award is considered one of this country's most distinguished honors for a young medical scientist. Dr. Coppola is a senior instructor in the Department of Surgery at Hahnemann Medical College in Philadelphia and is completing his third year of an advanced clinical fellowship from the American Cancer Society.

1957

HAROLD J. FALLON, assistant professor of medicine at the University of North Carolina School of Medicine, has been named recipient of a Sinsheimer Fund Award valued at $50,000. This fund was established by the will of Alexandria Sinsheimer to supplement salaries of men engaged in teaching and research. Dr. Fallon's major research interests are in the fields of liver disease and genetics.

1959

WILLIAM C. EDWARDS, after serving two years in the Air Force as a flight surgeon, began his residency in ophthalmology in 1962 at Louisville General Hospital in Louisville, Kentucky. He is currently an instructor in ophthalmology at the University of Louisville School of Medicine. Dr. and Mrs. Edwards have three sons.

1962

FREDRIC K. CANTOR writes as follows: "I am almost finished with my tour of military service at the small Naval Hospital here on Kodiak Island, Alaska. Believe me— it is a long way from New England! Officially I am the Internist but the 5 of us at this hospital are really all practicing as GP's. Most of the time is spent in the Dependents' Outpatient Clinic which is not much different from the Medical and Pediatric Clinics at GNHCH. At night, when I am on duty, I do a little of everything including obstetrics. . . . I hope to be leaving here at the end of May to return to Boston. I stayed on at Beth Israel Hospital for another year of Internal Medicine before starting Navy duty, and I have been accepted for the Neurology Residency at Massachusetts General starting this summer."

JOHN T. HARRINGTON became a renal fellow at the Tufts-New England Medical Center Hospital in Boston in July, 1965. He is working with Dr. W. B. Schwartz.

1963

ANDREW EDIN, who is serving with the Army in Bamberg, Germany, will return to this country in June to begin a residency in internal medicine at the Hennepin County General Hospital in Minneapolis. This is one of the teaching hospitals in the University of Minnesota Medical center, and he will be enrolled as a graduate student at the university.

ALAN L. FOLSOM has been appointed school physician for the State University Agricultural and Technical College in Alfred, New York, effective July 1, and will also open a private practice in Alfred. He is currently completing his general practice residency at the Putnam Memorial Hospital in Bennington, Vermont.

In July, 1965, SHELDON R. PINNELL began his appointment as a research associate at the National Institutes of Health in Bethesda, Maryland. He is working in the laboratory of Dr. Karl Piez in the National Institute of Dental Research, Department of Biochemistry.

1964

JOSEPH CURI has been awarded a 1966 Residency Fellowship by the American Academy of Pediatrics to continue his training at the New York-Cornell Medical Center.

DONALD G. SKINNER, who is completing his second year of surgical training at the Massachusetts General Hospital, reports in a recent letter: "I presently plan to enter the Air Force in August as part of the Berry Plan and have been assigned Vanderburg AFB just north of Los Angeles along the coast, so if I don't get transferred, I'll be quite happy. And I'll be doing general surgery. After returning from the service I plan to enter the urology program here under Dr. Leadbetter for three years. Dave (DAVID B. SKINNER, '59) is presently in San Antonio in the Air Force doing research at the school of Aerospace Medicine, and is quite happy. He finished the chief residency here last January . . ."

1965

DEWEY A. CHRISTMAS, JR., plans to spend an additional year at the Greenwich (Connecticut) Hospital in a general surgical residency. He will return to the Yale-New Haven Medical Center in July 1967 as an assistant resident in otolaryngology.

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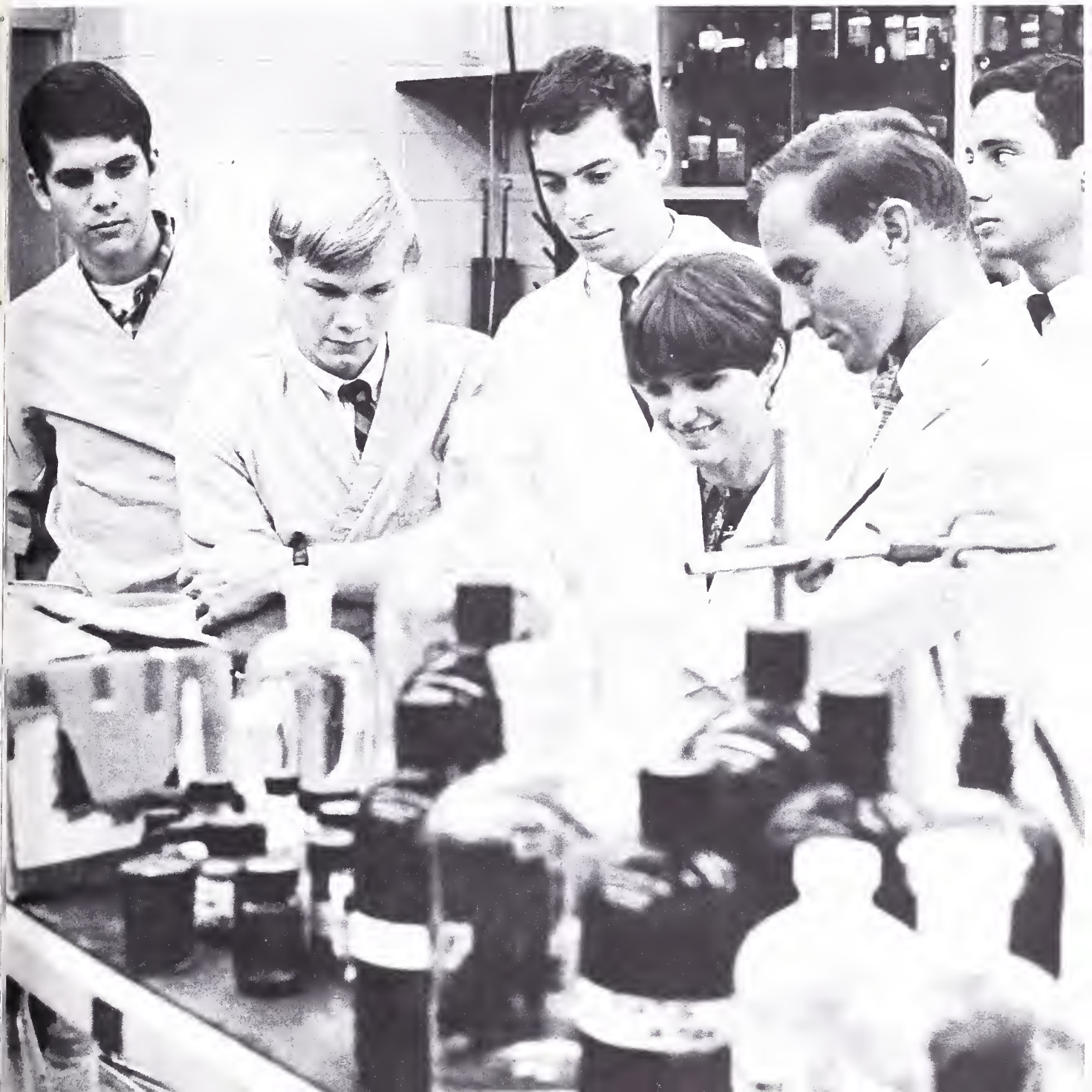


COVER: Members of the class of 1970 are introduced to laboratory work in biochemistry as they begin the first year of their medical education. Dr. Thomas F. Emery (second from the right), assistant professor of biochemistry, instructs in the biochemistry program. The students are (left to right) Jay W. Marks, Burbank, California; Robert H. Hicks, Jr., Alma, Michigan; Philip E. Steeves, St. Louis, Missouri; Lynn Whisnant, Charlotte, North Carolina; and Robert A. Epstein, New York City. An article about the first-year class begins on page 16.

YALE MEDICINE

ALUMNI BULLETIN OF THE SCHOOL OF MEDICINE / FALL 1966 / VOL. I, NO. 3

Contents

YALE MEDICINE is published three times a year — in the fall, winter, and spring — and is distributed to members of the Association of Yale Alumni in Medicine, students, and others interested in the School of Medicine. Communications may be addressed to The Editor, Room L200, 333 Cedar Street, New Haven, Connecticut. 06510.

The Connecticut Mental Health Center

The new Connecticut Mental Health Center accupies a modern L-shaped structure facing Park Street. Section on the left includes reception area and offices on the graund flaar, labarataries on the floor abave. Patient care facilities are in five-stary section at right.

"Some kinds of medical research and training can take place only in an atmosphere of direct community responsibility. This is particularly true in the field of mental health where sociological and epidemiological factors underlie many of the problems of human behavior." The concept expressed by Dr. Gerald L. Klerman, director of clinical services at the new Connecticut Mental Health Center, emphasizes two distinguishing characteristics of the Center: it represents both a major extension of Yale's role in community service and an unprecedented opportunity to expand the frontiers of psychiatric knowledge.

A collaborative undertaking of Yale University and the State of Connecticut, the Center occupies a modern, five million-dollar building on Park Street immediately adjacent to the medical center. At ceremonies dedicating the building on September 30, approximately 800 guests heard President Kingman Brewster, Jr. of Yale and Connecticut Governor John Dempsey discuss the significance of the newly established relationship between the State and the University. Speakers at a dedication dinner that evening were Wilbur J. Cohen, Under Secretary of Health, Education, and Welfare, and United States Senator Abraham A. Ribicoff, who has worked tirelessly for many years to make the center a reality.

Completing the dedication program was an all-day scientific symposium on October 1, at which leaders in the fields of psychiatry, community planning, and education spoke on "The University and Community Mental Health" and "Frontiers of Research."

The Connecticut Mental Health Center is a university-affiliated facility of the Connecticut State Department of Mental Health. It is administered by the Yale Department of Psychiatry under the leadership of Dr. Fredrick C. Redlich, department chairman and director of the Center, and senior professional personnel of the Center hold Yale faculty appointments. This arrangement is the outgrowth of joint planning that began in the 1950's, several years before the current nation-wide emphasis on the development of community mental health centers. As early as 1943, Dr. Redlich had envisioned such a center in New Haven, having recently come to Yale from Harvard where he witnessed the operation of the Boston Psychopathic Hospital, a cooperative effort of Harvard and the Commonwealth of Massachusetts.

Strong support came from Governors Ribicoff and Dempsey as the Connecticut General Assembly took steps that led to final approval for construction of the Center in 1963, at about the time President Kennedy de-

livered his now famous message to Congress on mental health and mental retardation. The substance of that message has since been embodied in federal legislation to promote the development of community mental health centers throughout the nation. Costs of construction for the facility at New Haven were met by $4,000,000 from the State of Connecticut, $900,000 from the National Institutes of Health, and $100,000 from Yale. The architects were Pederson and Tilney. The Fusco-Amatruda Company was the prime contractor.

The purpose of the Connecticut Mental Health Center is three-fold: 1) To provide exemplary diagnostic services, treatment, after-care, and rehabilitation to patients suffering from a wide range of psychiatric conditions. 2) To initiate and conduct a broad program of research including clinical investigation of mental illness and intensive biological studies, as well as studies of the social and institutional contexts of psychiatric illness and treatment. 3) To undertake the training of mental health personnel—particularly psychiatric residents, clinical psychologists, social workers, psychiatric nurses, and non-professional workers as well—and to provide the highest quality of clinical psychiatric training and research experience to medical students.

In addition, the Center is playing an active role in the development of comprehensive community mental health services for the greater New Haven area. The staff works closely with the South Central Connecticut Regional Mental Health Planning Council, the other hospitals of the State Department of Mental Health, and community agencies, as well as with local physicians, clergymen, and other professional people who are called upon to deal with problems of mental health.

Interview with mother and daughter to help determine treatment is conducted by Dr. Astrachan (at head of table) and other members of the Center staff. At Dr. Astrachan's left are Leonard Fichtenboum, senior social worker, and Dr. Herbert Kleber, staff psychiotrist.

University and State in partnership: Dr. Redlich and Dr. Wilfred Bloomberg, Commissioner of Mental Health, at dedication ceremony September 30.

All clinical units of the Center are under the direction of Dr. Klerman, who is associate professor of psychiatry. Continuing responsibility both for patient care and the clinical training of students is carried by three semi-autonomous general psychiatric services, each with its own service chief, staff, and facilities. Each service functions almost as a sub-hospital, providing comprehensive care from diagnosis and evaluation through treatment and convalescence. Within this framework, a total of 73 beds are available for inpatient care.

Unit I, headed by Dr. Boris M. Astrachan, assistant professor of psychiatry, is based on a day hospital located on the second floor. Applying the concept that the avoidance of 24-hour hospitalization is an important

Working with patients as they prepare o luncheon for themselves in occupational theropy kitchen is Noncy H. French, assistont director of nursing at the Center.

Training in the mental health professions is a major function of the Center. Here, Dr. Klerman lectures to o group of the resident psychiotrists.

measure of the efficacy of modern clinical practice, the day hospital enables patients to receive intensive treatment for six to eight hours a day without serious disruption to their home and family life. It is estimated that 40 to 50 per cent of patients who previously were considered to require full-time inpatient care can be treated successfully on a day care basis.

Unit II, headed by Dr. Paul L. Errera, associate professor of psychiatry, is based on a 22-bed facility for the treatment of patients with functional psychoses and severe neurotic disorders, as well as various forms of acute and chronic brain damage.

Unit III, headed by Dr. Max P. Pepper, associate professor of psychiatry and public health, is a community area unit that is responsible for providing comprehensive mental health care, either directly or through an alliance with other health and welfare agencies, to the residents of a defined geographical area having a population of some 90,000 people within greater New Haven. The primary function of this unit is to reach out into the community for early casefinding and prevention of mental illness. Plans call for the establishment of one or more field stations at which individual treatment, group and family therapy, and educational and referral services can be provided in the neighborhood of the people served. Because this approach to the problems of community mental health is relatively new, the community area unit is conceived of as a service, teaching, and research model for community psychiatry. A 22-bed ward is available for inpatient care and partial hospitalization under this unit.

Each of the three general services provides outpatient care at the Center. In addition, a large number of ambulatory patients who have either been referred to the Center or who have made direct application on their own behalf are receiving regular periodic treatment on an outpatient basis. Dr. J. Braxton McKee, assistant professor of psychiatry, is in charge of coordinating outpatient services.

A special seven-bed unit for crisis intervention and treatment is located on the main floor of the Center. Operating seven days a week, 24 hours a day, the unit provides crisis intervention for acutely disturbed persons including suicidal patients and those suffering from severe alcohol and drug reactions. A major objective of this unit is to ameliorate acute symptoms to the extent that patients can be maintained in the community and in their homes while arrangements for treatment are worked out. Chief of the crisis intervention unit is Dr. Claudewell Thomas, assistant professor of psychiatry.

An important aspect of modern psychiatric treatment to which the Center is devoting special attention is the after-care and rehabilitation of patients discharged from inpatient or day hospital care. Working closely with other community agencies including vocational rehabilitation services, the rehabilitation program stresses continued contact with the easily discouraged or frightened patient. Dr. Robert Becker, assistant professor of psychiatry, is in charge of this service.

The multidimensional research program of the Center utilizes excellent research facilities, which are under the direction of Dr. Roger K. McDonald, associate professor of psychiatry. Laboratories occupy a large part of the third floor, immediately adjacent to an intensive care and study unit that is closely integrated with clinical and biological research. Dr. Malcolm B. Bowers, assistant professor of psychiatry, is in charge of this 22-bed facility. Research currently under consideration

includes biological studies of affective diseases, metabolic studies of psychomotor and temporal epilepsy, studies of subjective experience in acute psychosis, the schizophrenic process in twins, the organization and pathology of thought, and studies of clinical psychopharmacological drugs used in the treatment of psychiatric illnesses. Of particular interest is the projected research in epidemiology and community psychiatry which will further extend the important Yale studies in social psychiatry.

The Center has already become the focus of the resident training program of the Department of Psychiatry. Within the coming year it will also assume an active role in the education of undergraduate medical students. In addition, training programs are being planned in clinical and social psychology for both predoctoral and postdoctoral students, as well as in the fields of psychiatric social work and psychiatric nursing.

In physical appearance, the Connecticut Mental Health Center is a distinct departure from the typical psychiatric hospital or clinic. The lobby and reception area, with its attractive modern Danish furnishings, might be the lounge of a private club. Inpatient bedrooms and rooms for group therapy and occupational therapy have a homelike, rather than institutional, atmosphere. Throughout the building, a color scheme of soft pastels accented by touches of vivid blue, orange, and green creates a spirit of cheerful hospitality. A single dining room serves both patients and staff.

As the Center begins its first year of operation, the staff is keenly aware of the pace-setting role of this newest facility at the Yale-New Haven Medical Center. Functioning as a joint endeavor of the State and the University for the model conduct of patient care, research, and training in community psychiatry, it will be watched with interest by medical schools and state departments of mental health across the country. The Department of Psychiatry is determined to avoid any trace of an exclusive and esoteric attitude that has sometimes hindered such efforts elsewhere. At the same time, the staff is aware that the amount of service required by an urban community such as New Haven must not outweigh the requirements of research and teaching. Discussing the challenges inherent in the new undertaking, Dr. Redlich has pointed out:

"Many important advances in the history of medicine have occurred in the confrontation of specific problems. At the Connecticut Mental Health Center, the State and the University have joined forces to meet an urgent need of a modern community. To meet the need we must develop and provide model services, train competent mental health personnel, and investigate the many unknowns of this endeavor. We will tackle this challenging and difficult task with enthusiasm."

A group therapy session is conducted by Dr. Deborah S. Gilman (left), resident in psychiatry, and Martin Schwartz (center of couch), director of social work. Homelike atmosphere of the Center is reflected in interior design and furnishings.

From Your Alumni President

Medical Alumni Day 1966 took place on Saturday, June 11. We were favored by beautiful weather and excellent attendance of alumni, both medical graduates and former house staff, and also wives. The day began with coffee in the Beaumont Room and tours of the new Laboratory of Clinical Investigation and the Hunter Building addition. There were several demonstrations of the closed-circuit television now being used in the teaching of human anatomy; these were well attended and enthusiastically received. At 11 o'clock there was a Medical-Surgical Grand Round on the subject of carcinoma of the breast, combining faculty participation from medicine and surgery as well as radiotherapy and cancer chemotherapy.

A buffet luncheon served at Edward S. Harkness Hall provided a pleasant setting for reunion with friends and former classmates. In the afternoon, the special program for alumni and guests was held in the Mary S. Harkness Memorial Auditorium. After introductory remarks by the president, Dean Vernon Lippard addressed the group. He summarized the activities of the year and also noted that he had requested that he not be reappointed dean when his present five-year term is completed in June of 1967. This request has been honored by President Brewster. Dr. Lippard reported that he will stay on as Assistant to the President and Fellows of the Yale Corporation for Medical Development and indicated his continuing vital interest in the progress of Yale medicine.

Dr. Conrad R. Lam, who for the past three years has been chairman of the Yale Medical School Alumni Fund, gave his annual report, announcing a total of $61,073 in contributions, with increased participation and enthusiastic support on the part of the medical alumni. Following this report, Dean Lippard presented Dr. Lam with a scroll thanking him for his service as chairman of the Medical Alumni Fund. Your president then announced that Dr. Lam would not be allowed to slip into retirement but had agreed to serve as one of the medical alumni representatives to the Yale Alumni Board, thus continuing his vital participation in Yale medical alumni affairs.

The remainder of the afternoon program was devoted to the special addresses of the day. The first was by Dr. Benjamin Castleman ('31), professor of pathology at the Harvard Medical School, who gave a fascinating account of the development of the weekly clinical pathological conferences at the Massachusetts General Hospital, which are published in the *New England Journal of Medicine*. The world-wide scope of the impact of these

Dr. Daniel F. Harvey, chairman of the Medical School Alumni Fund

Dean Lippard presents a scroll of appreciation to Dr. Lam on his retirement as alumni fund chairman. Given in the name of the President, Fellows, and Faculty of Yale, the citation said, "Because of (Dr. Lam's) qualities of leadership, devoted service and untiring efforts to bring support to Yale during his term of office, the Medical School Alumni Fund attained new and record levels in annual giving."

exercises was pictured as far exceeding the published versions, and the tremendous value that they have had in postgraduate education throughout the world was emphasized in a most interesting manner by Dr. Castleman.

This was followed by reminiscences of a quarter of a century in a career of public health by Dr. George James ('41), dean of the new Mt. Sinai School of Medicine in New York City. The talk was a delightfully humorous account of Dr. James' professional life during the past 25 years, told in his inimitable style.

The final talk of the day was given by Dr. Charles D. Cook, professor and chairman of the Department of Pediatrics, who traced the history of pediatrics at Yale. His most enlightening and nostalgic talk is published in this issue of *Yale Medicine*.

The formal program was concluded in time for a very pleasant social hour for alumni, wives, and faculty at the Edward S. Harkness Hall. This was well attended and was followed by the special dinners of the various five-year reunion classes. It was a pleasant day enjoyed by all.

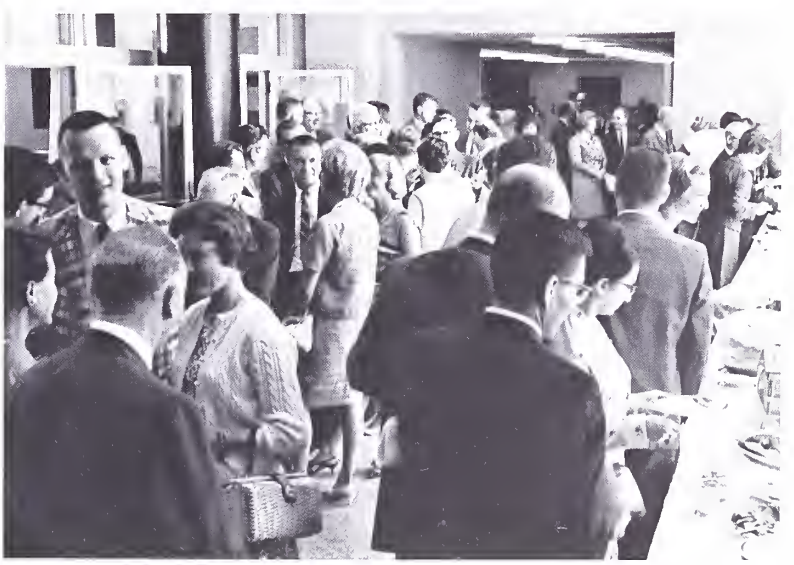
I would like also to mention the business meeting of the executive committee of the Association of Yale Alumni in Medicine which took place at Mory's on Friday evening, June 10. Here the executive committee augmented by representatives from the Medical School Alumni Fund including the new chairman, Dr. Daniel F. Harvey ('33) of Hartford, heard reports from the dean and from representatives of the Development Office for Medical Affairs, Robert G. Torrence and Robert L. Hart. It should be noted that Dr. Robert F. Bradley ('43) and Dr. William L. Kissick ('57) retire from the executive committee this year. An expression of thanks was noted for their service. They will be replaced by Dr. Louis E. Silcox ('35) and Dr. Jonathan T. Lanman ('43).

With the opening of the school year this September, your president looks forward to another year of progress. In this issue of *Yale Medicine* we repeat our invitation to you to send suggestions for feature articles as well as information that should be disseminated to the alumni body. Matters of interest for the class notes are welcome and should be addressed to the editor.

Lawrence K. Pickett, M.D.
President
Association of Yale Alumni in Medicine

Dr. Ira V. Hiscack and Dr. C. N. Hugh Long enjay a gaad stary at the Medical Alumni Day luncheon.

Alumni, faculty, and wives gather for buffet lunch at June Alumni Day.



Pediatrics at Yale: From Preconception to ?

By Charles D. Cook, M.D.

Dr. Cook, professor and chairman of the Department of Pediatrics, gave the following talk with slide illustrations at the Medical Alumni Day program on June 11, 1966.

Being an alumnus of Princeton, which has no medical school, and of Harvard, with its minor medical section, gives me rather little right to speak to the alumni of Yale. However, under the umbrella of my all-inclusive title, I will attempt to look at pediatrics at Yale from the time before its legitimate conception to the present and then make some suggestions about the direction its future course might take.

The historical aspects of pediatrics in New Haven (and perhaps at Yale) were brought to my attention a few weeks ago when, in the Yale Art Gallery, I discovered portraits of Dr. Hezekiah Beardsley and his wife. Dr. Beardsley's main claim to pediatric fame is based on his report in 1788 to the New Haven County Medical Society of a "Case of a scirrhous of the Pylorus of an Infant," i.e., a case of what is now called pyloric stenosis. For some time his report was thought to be the first description of this condition, but in 1918 earlier cases were discovered in the English literature. Yale's connection with Dr. Beardsley, beyond owning his and his wife's portraits, appears as tenuous as his claim to pediatric fame; a historian has credited him with receiv-

Dr. Hezekiah Beardsley (1748-1790), whose portrait hangs in the Yale University Art Gallery.

A well-baby conference in New Haven, photographed between 1915 and 1920. The problems of sa-called "well babies" have changed but Yale's participatian continues.

ing an honorary M.D. degree from Yale in 1784, but his name is missing from the catalogue. Nevertheless, Dr. Averill Liebow, who is writing a history of the medical school, assures me that Dr. Beardsley may have received such a degree even though the medical school was not incorporated until 1810 and not actually started until 1814, 24 years after Beardsley's death.

The teaching of pediatrics as a specialty must have been, over the early years of the medical school, rather limited. In 1911 the budget for the entire departmental operation was $1,200—this in comparison to $780 allotted the school janitor at that time. Nevertheless, contributions to pediatrics were being made at Yale University as Dr. Arnold Gesell began his work here in about 1910 and eventually became associated with the medical school in 1930.

In 1914, at a time when the infant mortality rate was 100 per 1,000 live births compared to 24 now, the total time devoted by the medical student to pediatrics was 23 hours. By 1916 the executive committee of the medical school was beginning to show some awareness of the importance of pediatrics when it suggested that a full-time professor be appointed. And the committee was obviously discriminating in its values when it recommended $6,000 a year for a professor of pediatrics and $5,000 a year for the professor of pathology. For a number of reasons, in part no doubt financial, no professor of pediatrics was appointed until five years later. Nevertheless, the procrastination finally proved worthwhile because, with the appointment of Dr. Edwards Park in 1921, there began a flowering of pediatrics at Yale which was entirely out of proportion to the small size of the department. Dr. Park's interests were directed particularly to rickets and he had ample opportunity to study this condition in New Haven.

It is impossible today even to list all the persons who have received a major part of their training here and then gone on to make significant contributions to pediatrics. However, the first full-time staff, which appeared, like Athena, to spring full-grown, is interesting in its make-up. Besides Dr. Park, there was Dr. Ruth Guy, who went on to become pediatrician-in-chief at the Peking Union Medical College; Dr. Ethel Dunham, subsequently consultant to the Children's Bureau and an authority on prematurity; Dr. Alfred Shohl, an expert on body composition; Dr. Martha Eliot, the first resident and later the chief of the Children's Bureau; Dr. Marian Putnam, an intern who became director of the Jackson/Putnam Children's Center for emotionally disturbed children; Dr. Ernest Caulfield, an intern who became pediatrician-in-chief at the Hartford Hospital and is currently an authority on the history of pediatrics; Dr. Joseph Weiner, one of the leading pediatricians of New Haven; and, of course, Dr. Grover Powers who became chief of the department in 1927. What a galaxy of stars with which to initiate a new service! These pediatricians, together with their followers, particularly Dr. James Trask in infectious disease and Dr. Daniel Darrow with his studies of water and electrolyte metabolism, contributed leadership to American pediatrics.

Dr. Park at his favorite place, Nova Scotia, where he regularly spent the summer months.

Dr. Powers in 1947

Dr. Darrow in 1962

The early post-conception period of the Department of Pediatrics might best be characterized as devoted to the study of nutritional disorders, metabolic disorders, and infectious diseases – but always and most importantly to care of the whole child. This concern with the total patient was undoubtedly one of the reasons that an interest in the emotional problems of children was encouraged at Yale long before most pediatric centers appreciated the importance of this aspect of pediatrics.

The growth and development of the Child Study Center, really a sister department, and the Department of Pediatrics itself under Dr. Milton Senn have certainly been the determining factors in the present orientation of the department and perhaps foretell, at least in part, its future. What indeed are the major interests of our department at the present time? They can best be summed up under the heading of developmental biology – a term that expresses the most unique aspect of pediatrics. Thus, major efforts are being devoted to a study of the biochemical and physiologic development of the fetus, the infant and the child. For example, Dr. Louis Gluck is investigating the time of appearance in the lung of specific phospholipids and the relation of them to surface tension and the concommittent development of normal pulmonary stability. Even the transfer of oxygen from the mother to the fetus can now be relatively easily studied and shown to be controlled by factors not previously understood. The human fetus can also be studied – for example, fetal heart rates and fetal electrocardiograms may be recorded both during pregnancy and during delivery. In collaboration with Dr. Edward Hon of the Obstetrics Department, we will be able to correlate intrauterine events of this sort with post-natal results.

These are just a few examples of our interests in developmental biology. We are also, of course, concerned with developmental neurology and, via our continuing close alliance with the Child Study Center, with the emotional development of infants and children.

Beyond this, we continue to be interested in the total patient both in the hospital and in the clinics and increasingly in the community. One step toward improved and expanded total pediatric care was accomplished by the acquisition of Dr. Lawrence Pickett and the establishment of a pediatric surgical service.

The concept that pediatrics must be interested in health in the broadest sense and over a wide age range can be illustrated by what might be considered a pediatric problem mathematically squared, i.e., the unwed teenage mother. In this situation we have one pediatric, usually immature, patient producing a second pediatric patient, occasionally premature. We, as pediatricians, have to, I believe, retain our interest in the total patient; but we now realize that we have to cope with and correct, where possible, the family problems and the problems of an urbanized society. This is an enormous challenge, perhaps an overwhelming one, but it seems to me to be the most important one of the present and foreseeable future.

Finally, I should like to mention the Laboratory of Clinical Investigation, a building that might be said to symbolize the growth and development of the Department of Pediatrics. In addition to our new space in this building, we are opening a new pediatric ward for children and beginning the construction of a new perinatal care and research center.

The distribution of space in the Laboratory of Clinical Investigation also possibly indicates the position of pediatrics in the future – we have the top floor, above the Department of Medicine, with the best view. I hope we are able to take advantage of this view to contemplate the problems of New Haven and the surrounding country. From this brief survey of pediatrics at Yale, it should be clear that I feel pediatrics should start at conception or before and that the future is limitless.

An Adventurous Psychiatrist

Faculty Profile: *Frederick Carl Redlich, M.D.*
Professor of Psychiatry

"We are an undogmatic department. Our approach to psychiatry is critical, uncommitted to any particular point of view or school of thought. This is the essence of all science and I believe we are now at the threshold of a broad new scientific psychiatry that will utilize the knowledge of many disciplines to increase our understanding of human behavior." Thus Dr. Redlich sums up the present posture of Yale's Department of Psychiatry of which he has been the chairman for 16 years.

To say that Dr. Redlich's career has paralleled the historical evolution of psychiatry is to understate his pioneering role in the development of the new multidimensional science that characterizes his department. Nevertheless, his training and research interests have spanned the two broad avenues of practice and theory by which psychiatry advanced in the first half of the twentieth century. These he defines as: 1) descriptive neuropsychiatry, concerned mainly with phenomenology, somatic etiological variables, and organic treatment of severe mental illness; and 2) psychoanalytic psychiatry, which deals primarily with the role of unconscious factors in the etiology and treatment of behavior disorders.

The emergence in the late 1950's of a new major area of psychiatric research — social psychiatry — was spearheaded by the now classic study conducted jointly by Prof. August B. Hollingshead, Yale sociologist, and Dr. Redlich. Published in 1958 under the title *Social Class and Mental Illness*, this detailed, factual presentation revealed for the first time the marked differences in treatment and care accorded to mentally ill people in different social classes. Still widely used and quoted, it was a milestone in its sustained impact on the growth of community mental health programs and, more recently, anti-poverty programs.

As director of the new Connecticut Mental Health Center, Dr. Redlich is deeply involved in the continued study and application of concepts to which he has given leadership, concepts shaped both by his intellectual experience as a scientist and by his lifelong personal concern for his fellow man and the society in which he lives.

He was born in Vienna, June 2, 1910, the second child and only son of an executive in the chemical industry. "My father wanted nothing more than to be a scientist," he recalls, "and my early interest in science was actually carrying out his wish. I felt that the greatest thing in life would be to discover something new. Another person who influenced me as a child was our family physician. My mother was constantly sick and the doctor came to our house almost every day — a kind, wise, black-bearded gentleman whom I regarded with awe. One day he said to my father, 'Fritz will grow up to be a university professor.' When I heard this, I was nearly out of my mind with excitement. Even then my concept of a university professor was one who does research, discovers new things, and is not bogged down in routine teaching or practice. It's a point of view I still hold" — there is a quiet smile in his serious blue eyes — "sometimes to the annoyance of my colleagues in this department who feel hard pressed to produce and publish."

Vienna at the end of the First World Was was an exhausted city, torn by revolution and mass starvation, but its intellectual vitality had survived. With the tide of new ideas came the philosophy of logical positivism, a vigorous socialist welfare movement, and the dramatic discoveries of Sigmund Freud and his students about the role of the unconscious in human behavior. At the same time, new forms were taking shape in music, art, and the theater. "I was exposed to all these," Dr. Redlich relates. "It was an exciting time for a young man to be growing up in Vienna."

The broad span of his interests seemed at first to suggest a career in journalism. But his initial orientation to the basic sciences was becoming fused with a strong

sense of idealism and a desire to devote his life, in some practical way, to the service of others. His choice of psychiatry, he feels, was guided in large part by his high school teacher, Paul Lazarsfeld, who was later to become an eminent social psychologist and is now at Columbia University.

In 1928, Dr. Redlich entered the University of Vienna where he began his studies at the Psychological Institute under Karl Buhler. Professor Buhler was anxious to see his promising young student tackle a serious research project. "He got me a scholarship to attend Wittenberg College in Ohio with the idea that I would do research on the concept of success among American businessmen. I was poorly equipped to take on such a study, but I came to America for a year in 1930 and that experience had a profound effect on my life.

"I liked the feeling here of personal freedom, opportunity, and the attitudes of generosity and helpfulness that I observed in people. I was attracted by American philosophy too, the pragmatism and the matter-of-fact spirit of science in this country. In the scientific professions there was a freedom of movement that contrasted sharply with the stifling job situation in Europe where you had to have the right social and political connections to get ahead. I knew that I wanted to return to America, and as soon as I was back in Vienna I put myself on the U.S. immigration list."

It is particularly characteristic of Dr. Redlich to want to credit everyone who contributed to his development as a scientist. At the University of Vienna Medical School he became president of the Academic Club for Medical Psychology, an organization through which students came in close contact with many leading scientists and scholars. "Through the Club I came to know such people as Julius Wagner Jauregg, a Nobel Prize laureate; Oswald Schwartz, a great medical psychologist; and Rudolph Allers, now a philosopher at Catholic University in Washington. Among the other men who influenced me at that time were Heinz Hartmann, a distinguished psychoanalyst now in New York; Erwin Stengel, who is one of England's outstanding psychiatrists today; and the famous animal psychologist Konrad Lorenz. The first depth psychologist I met was Alfred Adler and I was profoundly impressed by the difference between him and the standard European psychiatrist. Adler really communicated with his patients. I never met Freud. By that time he had become ill and saw very few people. But I knew Anna, his brilliant and gracious daughter, and was at Freud's apartment a number of times."

While his interest in psychology and psychiatry was being stimulated by these associations, his thoughts about his future were also being shaped by a powerful attraction to adventure. For this he credits his parents. "They let me climb mountains as a very small boy and I was allowed to go on three-month hiking trips all over Europe when I was 16. My parents didn't believe in giving me money, however; everything had to be done on a shoe string.

"I have always wanted to do a little more than is possible, an attitude that has frequently gotten me into trouble." His preference for daring sports, for example, has resulted in some dangerously close calls — including a shipwreck on the Danube when a sudden flood washed his boat over a dam, a fall into a 100-foot crevasse during a glacier climb, and a near-encounter with a 15-foot shark while skin diving.

Dr. Redlich confers with colleagues in his new office at the Connecticut Mentol Heolth Center. Dr. Roger K. McDonold (left) is director of research facilities. John F. O'Connor (seated on desk) is administrator of the Center. Ruth J. Jencks (right) is odministrative assistant to Dr. Redlich.

But his desire to do a little more than it is possible to do extends beyond his enthusiasm for rugged outdoor adventure. It is manifest in his productiveness as a scientist and his effectiveness as an administrator. Most important, in the critical periods of his life it has been demonstrated in his buoyant response to adversity.

Departure From Vienna

When Dr. Redlich graduated from medical school in 1935, he found few jobs open to him. In the eyes of the conservative, blatantly anti-Semitic government that had recently come to power, he was suspect both for his political beliefs and his Jewish ancestry. He was on the point of leaving for Spain to enlist as a physician in the Loyalist army when an internship was offered him at the Allgemeines Krankenhaus, Vienna's famous general

hospital. His experience there, and at the Neuropsychiatric University Clinic where he served his residency the following year under Otto Pötzl, gave him valuable training, particularly in his specialty of neurology. But outside the hospital and the clinic, his life had become severely restricted.

"By 1937 the picture was pretty bleak. Anyone with his eyes open could see that national socialism would move into Austria. I contacted friends in the United States for affidavits to support my immigration application, but things moved slowly. When Hitler marched into Austria I lost my job immediately and four months passed before I was able to leave the country."

Dr. Redlich and his first wife, a fellow graduate of the University of Vienna Medical School, reached the United States early in 1938. Dr. Howard Fabing, a prominent Ohio neuropsychiatrist, helped them to get room and board temporarily at Longview State Hospital in Cincinnati. An advertisement for physicians in a medical journal prompted their next move, to an Iowa mental hospital.

The two years that followed might have discouraged a man less resilient than Dr. Redlich from continuing in psychiatry. The hospital was deplorably backward in its methods of treatment and the living conditions for patients were poor. The new doctor from Europe introduced shock therapy and, on his own, organized milieu and group therapy. "Most of the other staff physicians opposed my ideas, but the superintendent backed me up at first. I met journalists and legislators who were concerned about the problems. Once a friend of mine, a newspaperman named Donald Grant, did a story about the overcrowded conditions. When it appeared in print, there was a picture of a toilet with a nail on the wall holding a drinking cup for 50 patients, along with a picture of the hospital's modern barn showing a separate drinking fountain for each cow. I thought surely I'd lose my job, but the superintendent said, 'Don't worry. The farmers will like it.' "

Similar and more serious issues eventually induced Dr. Redlich to give up the job. Again Dr. Fabing came to his aid and helped him obtain a residency in neurology at Boston City Hospital. The following year, 1941, he received a teaching fellowship at Harvard that brought him back into academic medicine to work with Drs. H. H. Merritt, Derek Denny-Brown, and Raymond D. Adams.

In 1942, he accepted an instructorship in the Department of Psychiatry at Yale. "I was very much attracted by Dean Winternitz' original idea in founding the Institute of Human Relations," he explains. "It was the concept of studying behavior in terms of anthropology, sociology, and psychology, with psychiatry at the center — but it didn't work out that way. The chairman of the psychiatry department, Dr. Eugen Kahn, was a brilliant man, but he was unable to integrate the behavioral sciences with psychiatry."

Dr. Kahn retired in 1947 and the Department of Psychiatry underwent a year's interregnum. In 1948, Dr. Redlich was asked to take over as executive officer and reorganize what had by then become a chaotic and demoralized department. At the same time he was appointed an associate professor, having been an assistant professor since 1944. His initial success in re-establishing the department led to his appointment as professor and chairman in 1950.

An Integrated Approach

He describes his concept of the department as one in which research and teaching in psychiatry are solidly based in the biological and behavioral sciences including psychoanalysis. "From the beginning I have favored our doing research in many branches of biology, as well as in sociology, psychology, and psychoanalysis, and we have made important advances through this integrated approach."

In fostering the convergence of disciplines as the foundation for a new scientific psychiatry, the Yale department has, in fact, assumed a role of national leadership. Among the major contributions of his faculty, Dr. Redlich cites the studies of Drs. Theodore Lidz and Stephen Fleck on the family and mental illness; Dr. George F. Mahl on verbal and non-verbal communication; Dr. Robert J. Lifton on Chinese thought reform and, more recently, on psychohistory; Drs. Gerald L. Klerman and Thomas P. Detre on clinical psychopharmacology; Dr. Kenneth Keniston on the alienation of youth; Dr. Daniel J. Levinson on social roles; Drs. Jules V. Coleman and Louis B. Fierman on psychotherapy; Drs. John P. Flynn and José Delgado on the neurophysiology of behavior; and the work of Dr. Daniel X. Freedman in basic psychopharmacology.

Other outstanding members of the department whose primary appointments are in allied departments include Drs. Albert J. Solnit and Seymour L. Lustman, working on problems of child development; Dr. Roy Schafer on theoretical issues of psychoanalysis; and Dr. Gilbert H. Glaser on epilepsy.

Dr. Freedman headed the department's training program in the basic biological sciences before his appointment last spring to the chairmanship of the psychiatry department at the University of Chicago. It is naturally

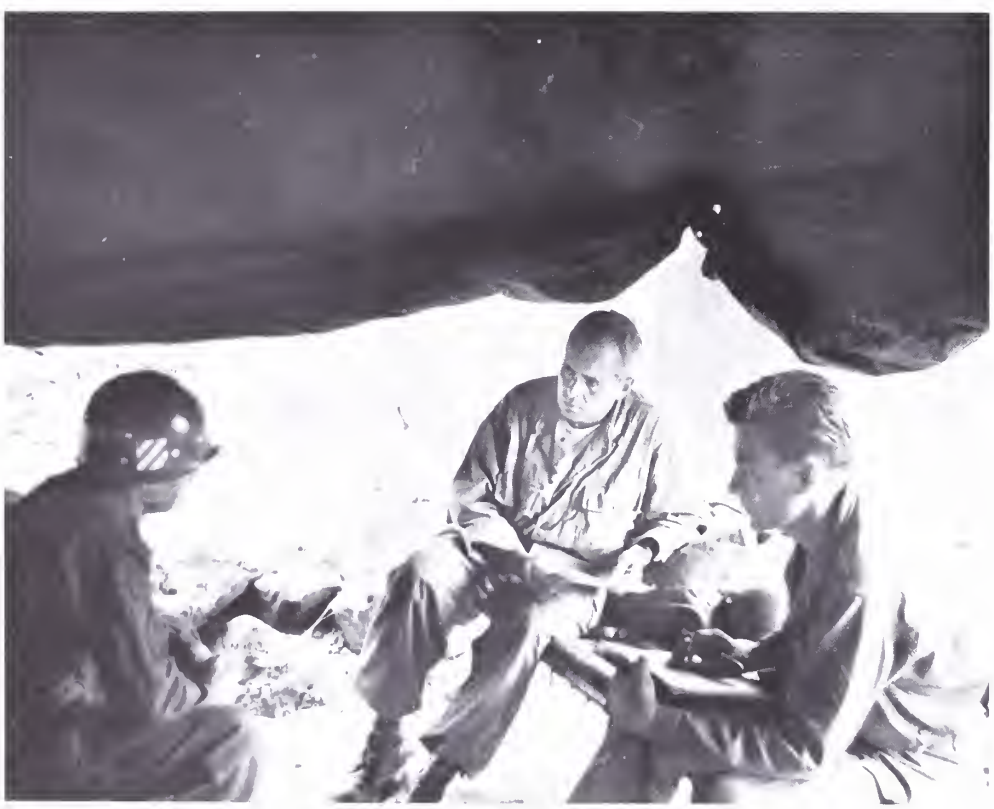
a source of considerable pride to Dr. Redlich that many other men who trained in his department as students or young faculty members have also achieved distinction elsewhere — among them, Dr. Eugene B. Brody at the University of Maryland, Dr. Douglas Lenkoski at Western Reserve, Dr. James Weiss at the University of Missouri, Dr. Edward Stainbrook at the University of Southern California, and Drs. Jack Durrell and Paul MacLean who are leading investigators at the National Institute of Mental Health.

"I have always believed that talented men should enjoy maximal freedom," Dr. Redlich asserts. "A creative department cannot be a tight department."

Dr. Redlich's own research interests were originally in neurology and organic psychiatry. Although he had been greatly attracted to the theory and uses of psychoanalysis in Vienna, where he began his psychoanalytic training, he was forced by events to postpone further study in this field until he reached Boston. He completed the study in 1948 at the New York Psychoanalytic Institute. With Drs. Merton Gill and Richard Newman, he is co-author of *The Initial Interview in Psychiatric Practice*, a text with accompanying phonograph records that has been widely used in clinical training. With Dr. Eugene B. Brody, he co-edited *Psychotherapy With Schizophrenics*, a book based on a symposium he organized at Yale in 1951. Another of his studies — on the uses of humor in the diagnosis and treatment of the mentally ill — formed the basis of a delightful popular book about psychiatry, *The Inside Story*, on which he collaborated with June Bingham.

In the past decade his interest has centered on social psychiatry. His pioneering work in this field with Professor Hollingshead won the distinguished MacIver Prize of the American Sociological Association. His most recent book, published last June, is *The Theory and Pracice of Psychiatry*, written in collaboration with Dr. Daniel X. Freedman. A comprehensive, up-to-date overview and point of view of the field, the volume has received outstanding acclaim. (See *New Books* on page 27.)

Clinical services in psychiatry at Yale have kept pace with the department's expanding research activity under Dr. Redlich's administration. Since 1948, the number of residents in psychiatry whose primary concern is the treatment of patients has increased from 5 to 60. Initial-



As psychiatric consultant to the U.S. armed forces, Dr. Redlich worked with American troops in Korea in 1953.

ly, treatment at the Yale Psychiatric Institute was extended to more patients. Later a 25-bed psychiatric unit was added to the Yale-New Haven Hospital and, in cooperation with the Veterans Administration, services were provided at the veterans hospitals in Newington and West Haven. This year, with the opening of the Connecticut Mental Health Center, the department assumes a still more vital role in community psychiatric care.

As the administrator of a rapidly developing program, Dr. Redlich has not had entirely smooth sailing. He admits today that when the department began to expand he dreaded the idea of large scale academic administration and missed having direct contact with students. "I had to think of short cuts and it used to be said that I ran the department like the old Austro-Hungarian Empire – with absolutism mitigated by sloppiness." The problems of organization soon began to fascinate him, however, and he has recently developed a positive zest for administration, regarding it as a challenge that requires the same investigative attitude with which he approaches research.

His organizational skills have also contributed significantly to psychiatry beyond the Yale-New Haven community. In 1953 he helped to set up the Foundations Fund for Research in Psychiatry, established by an initial gift of $6 million from the Social Research Foundation for the purpose of stimulating research and research training in psychiatry. Dr. Redlich served as the first chairman of the Fund and has continued to play a major role in its sponsorship of pioneering studies throughout the country.

In addition, he is active in many professional organizations and has been a member of various government committees concerned with mental health at both the federal and state levels. A citizen of the United States since 1943, he served as a captain in the Army Medical Corps in 1944 and 1945, and later as a consultant with the U.S. forces in Korea.

Since the days of his walking trips in Europe he has continued to find travel immensely stimulating, although he is no longer required to do it on a shoe string. In recent years he has made many trips abroad to visit hospitals and research centers. Last winter he enjoyed a brief return to the academic life of Vienna where he served as visiting professor at the Institute for Advanced Studies. As a physician, and perhaps because of his own cosmopolitan background, he feels strongly that medicine must be international in its viewpoint and sense of responsibility, that constant communication and interchange of ideas must counter tendencies to parochialism and isolation in the profession.

Neither his love of adventure nor his pleasure in the out-of-doors has diminished. When his schedule permits, he takes off for skiing or sailing, sometimes accompanied by his sons Erik and Peter. Erik teaches at a preparatory school in Bristol, Connecticut, and 16-year old Peter is a student at Woodstock School in Vermont.

Dr. Redlich was divorced from his first wife in 1953. After two years of bachelorhood he married the gifted and charming Herta Glaz, a leading mezzo-soprano with the Metropolitan Opera Company. Mrs. Redlich is also a native Austrian who left Vienna in 1937. During her brilliant musical career she sang with most of the world's great concert orchestras and opera companies, winning the highest praise of critics in Europe, Asia, and the Americas. Shortly after her marriage to Dr. Redlich she gave up professional singing, but she continues to be active in music as a teacher of voice, repertoire, and interpretation at the Manhattan School of Music. "We have a good marriage," Dr. Redlich says. "In Vienna there is a long tradition of marriage between the opera and the medical school. It is a happy blending of art and science."

The Redlichs at home with their dog, Puck.

The Class of 1970

Dean Forbes, chairman of Committee on Admissions, talks with a first-year student at welcoming tea in Sterling Hall.

The 80 first-year medical students – 73 men and seven women – who arrived at Yale this September 12 were selected from among 1,129 applicants. They represent 20 states, including Alaska and Hawaii, and Puerto Rico. Among their colleges are Stanford, Pomona, Notre Dame, Hamline, Barnard, Princeton, Harvard, and Yale. The average of all their college grades was 87. Fifty-five received their bachelor's degrees cum laude and twenty-two were elected to Phi Beta Kappa, seven having achieved this distinction in the junior year.

Like their predecessors at Yale for a good many years, the members of the newest medical class scored within the top 15 per cent of all those who took the Medical College Admissions Test required by medical schools throughout the country. As a group, they are particularly characterized by demonstrated leadership and records of humanitarian service. As individuals, they represent a broad diversity of backgrounds, of living and working experiences, and of interests apart from medicine.

Describing the composition of the Class of 1970, Dr. Thomas R. Forbes, associate dean and chairman of the Committee on Admissions, said: "Anyone who thinks medical students are grinds with one-track minds would be surprised to know something about this group. It includes a former stockbroker with a family of four, a young woman who has been a social caseworker in Harlem with the New York City Department of Welfare, a Harvard varsity football player, a winner of the men's national tennis championship in Puerto Rico, a man who has been a lay missionary among the Indians of the Peruvian Andes, a graduate of the U.S. Air Force Academy, and a former producer of documentary films for television."

Avocations of the new students range from playing the oboe in a baroque chamber music ensemble to practicing judo with Black Belt proficiency. Some go in for skydiving, surfing, or spelunking; others for painting, book-binding, or cabinet-making. Several are licensed amateur radio operators.

They are a much traveled group. Apart from tourist trips and military service abroad, two members of the class were exchange students in Europe; one attended a year of college in Japan; another taught English in Thailand. Two worked on freighters sailing to South America; one worked in a cancer research institute in England; another did research in Egypt on the changing status of women.

Most of them have had research experience beyond the usual college requirements, some working under grants from the National Science Foundation or the National Institutes of Health, others holding Woodrow Wilson Fellowships or Alfred P. Sloan National Scholarships. One has a Ph.D from St. John's University and four have master's degrees (two from Harvard, one each from Tulane and Catholic University of America.) Advanced degrees in engineering and pharmacology are also represented in the group. One student maintained a 99 average through two terms of physics in college; another studied Chinese because he found French too easy to interest him.

Members of the new class range in age from 20 to 32. While the majority graduated from college last spring, many have had one or more years' full-time working experience — including the stockbroker, the social worker, and the film producer. Jobs that others have held include ranch hand, roughneck on an oil-drilling crew, hod carrier for a masonry contractor, newspaper cartoonist, computer programmer, and engineering draftsman. Among those who have seen active military service is a former Navy officer who had 40 men under his command and who continued his education through correspondence courses during four years at sea.

Almost without exception, the members of the Class of 1970 have been deeply involved in volunteer services for the alleviation of human suffering and for physical, mental, and social rehabilitation. They have worked as aides, teachers, and recreation leaders in hospitals, schools and camps for children with special problems, reformatories, and prisons. They have served as readers for the blind and as tutors and counselors to underprivileged children. In a number of instances they initiated or directed volunteer service activities in institutions and in the communities where they studied or lived.

The Bases of Selection

On what bases were these 80 individuals selected for admission to the Yale School of Medicine? Dean Forbes defines three main criteria used by the Committee on Admissions:

"Our first consideration is to take only those people we feel sure can get through the four years and earn the M.D. degree. We do not want to waste a student's time if he is potentially a drop-out for any reason. Failure to complete the course may be a deeply disappointing and damaging experience for him. From our viewpoint, we cannot justify offering him a place when there are other applicants who show more promise of succeeding."

Academic failure is not the only risk involved. Applicants may be potential drop-outs for reasons of illness or because of a change of mind about medicine as a career. Therefore, in addition to academic criteria, the physical and emotional health of the applicant is given careful attention, and a thorough effort is made to assess correctly his motivation in seeking a medical career. His financial arrangements for completing the course are also taken into account, but this concern has become less important in recent years with the increasing availability of government as well as University funds for qualified students.

The first area of consideration by the committee is particularly significant in light of the nation-wide doctor shortage. Dr. Forbes points out that the national rate of attrition among the medical student population is 10 per cent. Of the approximately 9,000 students in the country who began their medical education this fall, some 900 will not graduate to join the profession. In the last 20 years, attrition for all reasons among students at the Yale School of Medicine has been just slightly more than five per cent, and only one per cent have been dropped for academic failure.

The second area of consideration by the Committee on Admissions, in part overlapping the first, is the applicant's possession of the special qualities required of a good doctor. Among these Dr. Forbes cites integrity, intelligence, maturity, common sense, scientific skill, personal stability, dedication to the ideal of service, and the ability to inspire and maintain confidence. The degree to which applicants seem to possess these qualities is the subject of careful scrutiny by the committee in personal interviews as well as through the review of letters of reference and records of past performance.

In screening the 1,129 completed applications for admission to the Class of 1970, the committee selected about 300 applicants to whom invitations for interviews were sent. Two thirds of this group came to New Haven where they were interviewed by one or more members of the committee. For those in distant parts of the coun-

try, interviews were arranged with delegated interviewers, including alumni and former members of the Yale medical faculty.

"The interviews are very important," Dr. Forbes said, "and, of course, the applicant knows it. Naturally, he may be nervous because there is a great deal at stake."

Some years ago an interesting phenomenon was observed on the door of an office where applicants were interviewed. The door knob on the side opened by a secretary to admit visitors was shiny and smooth; on the other side the knob was rusted and corroded from the departing grasps of many aspiring, and perspiring, applicants.

A third major concern of the committee in considering applicants is to find the kind of student who will flourish under the Yale system of medical education. "This system has been extremely successful for many years, but it is intended only for carefully selected individuals," Dr. Forbes said. "They must be sufficiently well-organized in their work habits to be able to study without direction and pressure imposed from the outside. In the absence of attendance records, assignments, and formal grades, and with a minimum of required examinations, Yale medical students must possess an unusually high degree of self-direction in order to keep up with the work. Also, since part of the curriculum is elective, they must exercise mature judgement in the selection of courses."

Explaining that the students may always seek guidance from their teachers, Dr. Forbes said that all 350 members of the full-time faculty, as well as all part-time faculty, are available to the 320 members of the student body for counsel and advice. "Faculty members are cooperative whenever students come to them for guidance. But no one pursues the student with constant reminders to get his work done. The system is not designed to benefit the student who does his best work in an atmosphere of compulsion and competition for relative standing in the group. While admission to this school may be of powerful concern to such a person, it would be a disservice to admit him when he does not belong here."

For this reason, the applicant is given every opportunity during his interviews to find out about the school and its system of medical education. If he wishes, he may make a tour of the school, talk with students, and sit in on classes. "In evaluating the Yale system in terms of his needs and capabilities as a student, he may decide for himself that he cannot do well here," Dr. Forbes said.

Following the applicant's interviews, his application is further considered at a meeting of the entire Committee on Admissions. This group, consisting of eight faculty members, meets weekly from early October to early February and makes selections according to a "rolling admissions" procedure. Under this plan, the first selections are made in mid-October and accepted students are notified at once. Thereafter, interviews and invitations to join the class continue, diminishing sharply after February when the selection of students is nearly completed.

Dr. Forbes, who has headed the committee for the past 18 years, notes that the committee members devote a great deal of time and thought to the important task before them. In addition to participating in weekly selection meetings from October to February, each member spends at least one afternoon a week during this period interviewing applicants.

The present members of the committee, in addition to Dr. Forbes, who is professor of anatomy, are: Dr. Donald H. Barron, professor of physiology; Dr. Dorothy M. Horstmann, professor of epidemiology and pediatrics; Dr. David B. Ludlum, assistant professor of pharmacology; Dr. William M. O'Brien, assistant professor of epidemiology and medicine; Dr. Lawrence K. Pickett, professor of surgery and pediatrics; Dr. Albert J. Solnit, professor of pediatrics and psychiatry; and Dr. Levin L. Waters, professor of pathology.

The quality of the teaching offered by the Yale School of Medicine can be measured in part by the academic records of its students. On examinations of the National Board of Medical Examiners, Yale students consistently score among the top five per cent for the entire country. But this level of teaching cannot be accomplished without a correspondingly high level of learning potential. In the opening weeks of their first year, the members of the Class of 1970 have confirmed the wise decisions of the Committee on Admissions, and there is every reason to believe that they will continue the school's record of outstanding excellence.

The New Haven Anatomy Riots and Their Consequences

by Elizabeth H. Thomson

Engraving headed "The Anatamist Overtaken by the Watch — Carrying Off Miss W— in a Hamper" is by William Austin (1721-1820) and is in the Clements C. Fry Collectian in the Yale Medical Library. Austin, an Englishman, expressed his palitical and sacial opinions thraugh clever burlesques, farerunners af the madern palitical cartaan.

Miss Thomson, research associate in the History of Medicine and Science, is one of the authors and editors of a history of the Yale School of Medicine to be published next year.

Before breakfast on a cold Monday morning, 12 January 1824, the professor of anatomy in the Medical Institution of Yale College, Dr. Jonathan Knight, received a visit from General Kimberly, a lawyer well known in New Haven. The caller did not come as a patient to the house at 90 Church Street but to warn the 34-year-old professor that he was in trouble. Between Saturday night and Sunday morning the grave of a "respectable young female of nineteen," Bathsheba Smith, daughter of a West Haven farmer, Laban Smith, had been opened and the body removed. Relatives had discovered the robbery on Sunday, immediately suspected the medical students, and with their incensed neighbors had demanded a search warrant of General Kimberly so that they could proceed to the medical school early Monday morning and confirm their suspicions.

The events of the next hours are vividly recounted by the Constable, Erastus Osborn, to his father, Shadrack, postmaster of Southbury, in a letter now in the Yale University Library.

New Haven Monday Evening January 12th 1824

. . . I started off before breakfast quite early to meet Genl. Kimberly one of our Lawyers here at Doc^r Knights. I found him there & with him & Doc^r Knight went to the Medical College without its being generally known. we search^d from bottom to top. found just as I suppose usually to be found at such Institutions and concluded further search would be unavailing. however we determin^d to be thorough & I took 5 or 6 West Haven and New Haven Men with me & at length in a small low Cellar, we came to a place in the pavement (the Cellar being paved with large flat stones) which look^d generally like the bottom of the Cellar throughout, but appear^d to have a trifle of fresh dirt lying scatter^d about, hardly however discernable. I scratch^d with the end of my walking stick and the more I examin^d the more suspicion was created. we soon found the earth appear^d fresher between the stones & finally took up a large flat stone where we discover^d a white bundle, apparently a bundle of cloathes. we examin^d & found a human body doubled up in a heap entirely cover^d up with the grave cloathes. we took it out and it was immediately known to be the Body of the young Woman we was searching for. the Father was present and was almost distracted, but greatly rejoiced at the discovery. Doc^r Knight says he knew nothing of its being brought to the College or being there at all. the hole it was found in was about 3 feet deep and about 2 in diameter — Doc^r Knight sent home for a sheet & Cap, had the face wash^d & the sheet & Cap put on, and with great deal of difficulty the Father & others consented to put the Body into a Waggon to remove it to West Haven. people had collected from West Haven & New Haven

about the College, which was kept fasten[d]. the Waggon about Noon mov[d] down College Street, then down Chapel Street, on to the lower green where crowds of People collected to view it. then to the corner near Mr. Beecher('s) old stand. two or three Bells all the while tolling, people were wrought up to a great pitch, and the Town is full of stories. hardly a person here has lost friends for Months back but what has been to enquire of me if I did not see them at the College – tonight I understand the Medical Students have arm[d] & shut themselves up in the College with what they can muster from the other College, expecting an attack. the West Haven people, a great number, have come over & New Haven has muster[d] a large company. a Drum has beat & the Streets are crowded with the besieging army preparing for the assault. I intend to keep at Home & let the ferment have vent or subside. an enquiry is going on at the County House. the Grand Juror has had a large number of Medical Students and others summon[d] to testify. one Man connected with the Medical College as an assistant has just been committed to Jail I understand for contempt of Court in withholding testimony . . .

In an *Outline History of New Haven*, published in 1884 to mark the centennial of the incorporation of the city, historian Henry Howe, son of the erudite publisher and bookseller, Hezekiah Howe (for whom Howe Street was named), recorded his memories of "The Medical College Mob." Not since the British had invaded New Haven on 5 July 1779 had the citizens been so incensed. "The discovery [of the body] created a horror of indignation indescribable," he wrote "and the ferocious howlings of the mob in the darkness of that night, as they were crossing the Green from the corner of Church and Chapel Streets on their way to the Medical College, . . . is among the fearful recollections of the writer's childhood."

But civil authorities aided by the militia were able to keep the mob in check, and the terrified medical students waiting behind locked doors, reputedly armed, did not need to battle for their lives. Although they were not yet safe, for the mob returned on subsequent nights, no one was seriously injured and property loss was restricted to many broken windows and other minor damage.

The events of the rest of the week have been discussed by Hannibal Hamlin (Yale M.D. 1936) in the *Yale Journal of Biology and Medicine* (1935, 7, 275-289). Constable Osborn gave the highlights in a second letter to his father on 19 January.

. . . we have had a boisterous Week since I wrote you last Monday in consequence of the removal of the Body of the young Woman from West Haven. attempts have been made (and some of them violent) upon the Medical College almost or quite every Night through last Week. several Persons were committed to Jail as rioters but have since principally or all been discharg[d]. a Watch was organized by the City Authorities Saturday & Sunday Nights & had their station near the College all Nights. the glass, a great part of it, has been broken out in the building and some of the Window frames drove in. it appears to be getting more quiet now – two Medical Students have gone off, one of them accused of stealing the Body from the burying ground, as he call[d] upon a Man that has attended the M. College as an assistant since the Lectures commenced to help him conceal it where we found it. this the Man disclos[d] after being committed to Jail for refusing to testify. this Man had a hair breadth escape from tarring & feathering by people collected about the County House while the Court of enquiry was proceeding in examining Witnesses – a Kettle of Hatters size & a bag of feathers were in the hands of men at the door & he was just going out when he found he was expos[d] & retreated into the back part of the House – he has since been bound over for trial in $1000 Bond with surety to answer to the charge of taking up the Body, as it is suspected he assisted the Student who has absconded.

Young Dr. Knight was innocent in this case but his predicament, innocent or guilty, was typical of most professors of anatomy in the 18th and 19th centuries who with courage and daring endeavored to give students a knowledge of human anatomy so essential for an understanding of medicine and surgery. The public, which would principally benefit from such instruction, was righteously indignant at illegitimate attempts to provide bodies for dissection and not sufficiently enlightened to appreciate the need for legislation to protect the work of the anatomist. The desecration of the human body was considered so heinous a crime that anatomists lived in constant danger of bodily harm or property damage from individuals or groups of outraged citizenry. The most serious attack on their lives was the Doctor's Mob of 1788 in New York (comparable in violence to the Stamp Act Riots of 1765) when not only anatomists but all physicians in the city were terrorized for three days and several people were killed. These riots shocked lawmakers into providing medical professors with some legal material for educational purposes.

The anatomy riots in New Haven had the same effect. The conservative populace was rocked by the intensity of feeling which the grave robbery of January aroused. The reputation of the professors was such that their pro-

testations of innocence were generally accepted. Two medical students, unnamed in the accounts, hurriedly left town, and Ephraim Colborn, the assistant at the Medical College, was the only one to be arrested and charged with the crime. Although circumstantial evidence was against him, there were no actual witnesses. Nevertheless, the jury found him guilty of aiding and assisting in opening a grave and removing a body for the purpose of dissection and he was sentenced to nine months' imprisonment in the county jail and payment of a fine of $300. It is perhaps significant that the act on the statute books of Connecticut providing for fining and imprisoning anyone convicted of "removing bodies for purposes of dissection or any surgical or anatomical experiments," or assisting therein, was passed in May, 1810, five months before the act to incorporate a medical institution.

But the scapegoat in this incident earned a modest portion of immortality, for the case of The People vs. Ephraim Colborn prompted legislation which benefitted medical education in Connecticut. In the act of 1824 the punishment for grave robbing was made more severe ($100 to $500 fine was increased to $500 to $2,000; prison term of from 3 to 12 months was increased to 1 to 10 years), but the bodies of criminals dying in prison or those capitally punished were to be at the "disposal of the professors of anatomy and surgery in the medical institution of this state, to be used for the purpose of advancing medical science." Said professors, however, were first to give a bond of one thousand dollars as assurance that no body would be brought into the building unless obtained under the provisions of the act. Such bond was required into the next century.

Although not a full-fledged anatomy act, the act of 1824 was at least an advance. The number dying in prison or capitally punished was small, however, and fell far short of supplying the number of cadavers needed for instruction. America's first real anatomy act authorizing the delivery to physicians and surgeons for teaching purposes of *all* unclaimed bodies which would otherwise be buried at public expense (provided the deceased had not requested burial during his final illness) was passed in Massachusetts in 1831. This act preceded the Warburton Act of 1832 in England where the "sack'em-up men" not only robbed graves but actually committed murders to procure bodies. Burke and Hare of Edinburgh, who committed 16 homicides in 1828, were the most notorious, but in England and Ireland they had their professional counterparts. The resurrectionists were prototypes of modern racketeers, indulging in blackmail and extortion and thriving on the competition between rival medical schools for anatomical material.

In this country, also, schools were in fierce competition; and those schools, of which Yale was an early one, were fortunate who could advertise that there were a sufficient number of "subjects" so that students could do their own dissecting and not merely watch a demonstrator. This problem of securing adequate material, one of the most vital in 19th century medicine, persisted to the end of the century and even later in some states. Connecticut passed a liberal anatomy act in 1833 but repealed it in 1834 for reasons not clear. New Hampshire and Michigan also passed acts but repealed them in seven or eight years, so that at the time of the Civil War the only states retaining anatomy laws were Massachusetts and New York. The tragic inadequacy of American surgeons revealed in this war was a factor in renewed efforts to secure legislation and, by 1881, adequate laws were in effect in 15 of the 38 states, 9 states had some provision, 14 had none. Pennsylvania, which could claim not only the first school of medicine but a number of others largely concentrated around Philadelphia, did not have an adequate anatomy act until 1883. Even then it took considerable maneuvering on the part of a physician-senator, himself a convicted grave-robber, to secure its passage. He succeeded only through capitalizing on the indignation which followed a sensational exposé of the wide-scale grave robbing which had been necessary to supply the Philadelphia schools.

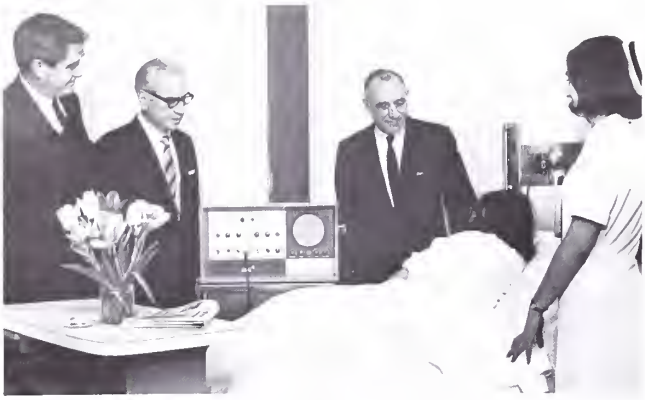
A new law was passed in Connecticut in 1871. This was revised in 1875 and many times subsequently. The bond was eliminated and numerous modifications and additions have been made in keeping with progress in medicine and public health.

Grave robbing still bears a penalty, but there was never in New Haven a recurrence of the anatomy riots of 1824, first among the "town and gown" episodes which have punctuated Yale history for nearly a century and a half but which fortunately have diminished in intensity with the passing of the years.

For Medical Education and Research

Under the present law, persons who wish to donate their bodies to the Yale School of Medicine for purposes of education and research may do so in accordance with a statute and regulations adopted by the Connecticut General Assembly in 1961. Bodies donated according to this statute will be transported from locations within Connecticut at no cost to the estate of the deceased. The school cannot agree to accept bodies that become available outside Connecticut. A copy of the statute, with donation forms and supplementary information, is available on request from the Department of Anatomy.

Expanding Clinical Research



Dedication day at the Lawrence M. Gelb Clinical Research Center. President Brewster, Mr. Gelb, and Dean Lippard visit a patient with cardiac monitar. Madeline George (right) is head nurse af the unit.

Dr. McGuire, head af the Clinical Research Training Center, studies axidative pathways in liver mitachandria in ane af the new labaratories designed for training in clinical investigatian.

Yale's clinical research program continues to expand with the construction of new quarters. Less than one month after the dedication last April of the ten-story Laboratory of Clinical Investigation, two more facilities designed to advance research in clinical medicine were dedicated at the medical center. They are the *Lawrence M. Gelb Foundation Clinical Research Unit* and the *Clinical Research Training Center*, located in the recently completed fifth and sixth floors, respectively, of the Hunter Building on Davenport Avenue.

At ceremonies dedicating the two facilities on May 10, Dean Vernon W. Lippard expressed appreciation — "for the University, and for the millions of people throughout the world who will benefit from the research conducted in these laboratories" — to the individuals and foundations whose gifts made possible the addition to the Hunter Building. These include the Lawrence M. Gelb Foundation of New York; the John and Mary R. Markle Foundation of New York; Robert E. Hunter of Santa Barbara, California, a graduate of Yale's Sheffield Scientific School, Class of 1911; and the Bill Hahn Foundation of Westbrook, Connecticut. The largest single grant toward the construction of the addition came from the National Institutes of Health.

The new 14-bed clinical research unit, directed by Dr. J. William Hollingsworth, associate professor of medicine, is an extension of the clinical research center established six years ago under a grant from the National Institutes of Health to facilitate the investigation of unusually complex or obscure disorders. This brings to a total of 28 the number of beds in the Yale-New Haven Hospital reserved for patients whose medical problems fall within the framework of specific research studies and who pay no fees. The research procedures are carefully explained to these patients and their collaboration is entirely voluntary.

Describing the various types of research being conducted in the unit, Dr. Hollingsworth said: "Some is of direct benefit to the patient, such as the surgical implantation of radio-frequency pacemakers to replace worn-out or diseased human transmittal systems in the heart, the bladder, or the lungs. Other studies, such as those on transport of amino acids in the small intestine of patients with certain rare hereditary disorders, offer little immediate value to the patients, but may help their children or their children's children."

The Clinical Research Training Center, directed by Dr. Joseph S. McGuire, associate professor of medicine, has become the focal point of a program to provide comprehensive training for physicians who plan careers in clinical investigation. Initiated on a pilot basis three years ago with the support of the N.I.H., the program enables post-doctoral fellows to undertake an intensive two-year course of study in investigative medicine.

"During this training period," Dr. McGuire said, "the fellows will have no responsibility for patient care and will work in the laboratory on problems basic to the study of human disease. They will also participate in courses designed to improve their mathematical and biochemical skills, the foundations of contemporary quantitative biology." Trainees are supported by N.I.H. funds. The training center will be staffed by seven full-time faculty members selected for their ability both as teachers and as creative investigators.

In and About Sterling Hall

Dr. Lippard to Relinquish Deanship in June 1967

At a special meeting of the medical faculty on May 19, President Kingman Brewster, Jr. announced that Dean Vernon W. Lippard had requested that he not be considered a candidate for reappointment when his third five-year term expires in June, 1967. He stated that Dr. Lippard will continue to serve the University after he relinquishes the deanship and will be appointed Assistant to the President and Fellows of the Yale Corporation for Medical Development. A faculty committee has been designated by the president to recommend a new dean for the School of Medicine.

Dr. Lippard, who will be 62 next year, now holds the country's record term of service, 20 years, as a medical school dean and has been described as a "dean of deans." Prior to assuming his present post at Yale, he was dean of the medical faculties at Louisiana State University from 1946 to 1949 and at the University of Virginia from 1949 to 1952. He served as associate dean of the College of Physicians and Surgeons at Columbia University before World War II.

A statement issued by President Brewster said: "Yale has been lucky to have the leadership of Dean Lippard during the crucial mid-century decades of its medical development. New Haven as well as the University owes a great debt to Dean Lippard for the progress of Yale-New Haven medicine over the last fifteen years. Our medical science, medical training, and medical care are all a source of pride to both the university and the community. We are resolved to maintain our pace along the road the dean has marked out for us. It is most fortunate that we will continue to have Dr. Lippard's advice and counsel in this effort."

Dean Lippard has directed the Yale School of Medicine during the period of greatest growth and expansion in its 156-year history. The annual operating budget has jumped from $2,700,000 in 1952 to $12,000,000 currently. In the past year the school has received $9,400,000 in government and foundation support, as contrasted with $1,200,000 in 1952. During this same period the physical plant has undergone vast expansion; a total of $16,000,000 has been devoted to the construction of new educational and research facilities, apart from the construction costs of new facilities for patient care in the medical center.

The medical faculty and the number of postdoctoral students and fellows have more than doubled since 1952. The number of candidates for the M.D. degree, however, has deliberately been kept at 80 per class in order to maintain the high standard of medical education for which the school is noted.

During Dr. Lippard's deanship, the Yale-New Haven Medical Center was formally established, bringing into closer relationship the school and its teaching hospital. Long-range plans are already under way for the extensive expansion of the medical center, and Dr. Lippard will have a key role in advising and guiding the program when he leaves the dean's office next June and assumes his new University appointment.

New Laboratories for Otolaryngology and Ophthalmology

New research facilities for the Sections of Otolaryngology and Ophthalmology were recently completed on the second floor of the Brady Memorial Laboratory and expanded programs of investigation in the two divisions are now under way. Reconstruction includes, in addition to new laboratories and faculty offices, centralized research facilities for electron microscopy. The renovated area was formerly occupied by the Department of Epidemiology and Public Health, which moved into its new building last year.

Current research in otolaryngology, headed by Dr. John A. Kirchner, professor of otolaryngology, emphasizes systematic examination of nerves of the larynx and pharynx and classification of the course and spread of tumors of the larynx. The physiology of hearing and changes that lead to deafness are also being studied under the direction of Dr. David A. Hilding, assistant professor of otolaryngology.

The studies in ophthalmology, under the direction of Dr. Marvin L. Sears, associate professor of ophthalmology and chief of the section, include electron microscopy of the anterior segment of the eye, cell biology and microchemistry of the ciliary epithelium, aqueous humor dynamics, and histochemistry and histopathology of the eye.

In October, the Section of Ophthalmology sponsored a three-day symposium on membrane transport and the eye. The 29 participants included many of the country's outstanding scientists in this area of research. Support for the symposium was provided by the National Foundation for Eye Research.

The cost of reconstructing and equipping these new research laboratories was financed in part by a grant from the National Institutes of Health and by additional grants from Seeing Eye, Inc., the Alcon Laboratories of Fort Worth, Texas, and Research To Prevent Blindness, Inc. Generous support for the ophthalmology program at Yale has also come from the Connecticut Lions Eye Research Foundation, Inc.

Dr. Cole

Dr. J. W. Cole Appointed Chairman of Surgery

Dr. Jack Westley Cole has been appointed Ensign Professor and chairman of the Department of Surgery. He succeeds Dr. Gustaf E. Lindskog who this fall relinquished the chairmanship he had held for 15 years to devote his time entirely to research, teaching, and patient care.

A former professor of surgery at Western Reserve University School of Medicine, where he was a member of the faculty for eleven years, Dr. Cole has done extensive research on the physiological and structural changes that occur in tissue and blood cells as a result of surgical stress. During the past three years, he has continued his investigations as professor and chairman of the Department of Surgery at Hahnemann Medical College and Hospital in Philadelphia.

Dr. Cole was born in Portland, Oregon, and was graduated from the University of Oregon in 1941. He received his M.D. degree from Washington University School of Medicine in St. Louis in 1944 and later served with the U.S. Army as chief of surgery at the 120th Hospital in Bayreuth, Germany.

He held internship and residency appointments at the University Hospitals of Cleveland, where he was chief resident in surgery in 1951-1952. He joined the Western Reserve medical faculty as an instructor in 1952, and was promoted to assistant professor in 1954, associate professor in 1956, and professor in 1963.

Dr. Cole, an authority on intestinal cancer, has served on the Board of Governors of the American College of Surgeons and is a past president of the organization's Ohio chapter. He is a member of the Education Committee of the American Surgical Association, and the Foreign Scholar Committee of the Society of University Surgeons. In 1962 he held an Eleanor Roosevelt International Cancer Research Fellowship.

Earlier this year Dr. Cole was named chairman of the International Fellowship Review Committee of the National Institutes of Health, in which capacity he spent most of the summer visiting medical centers in the Middle East. He assumed his duties as chairman of the Department of Surgery at Yale in September.

Dr. E. J. Quilligan Succeeds Dr. Buxton

Dr. Edward James Quilligan, formerly professor of obstetrics and gynecology at the University of California School of Medicine in Los Angeles and an authority on fetal and maternal physiology, has been appointed professor and chairman of the Department of Obstetrics and Gynecology. He assumed his duties this autumn, succeeding Dr. C. Lee Buxton who is on a leave of absence because of illness.

Dr. Quilligan was born in Cleveland and was graduated from Ohio State University where he received the M.D. degree in 1951. He served his internship and assistant residency at Ohio State University Hospital, and was a resident in obstetrics and gynecology at the University Hospitals of Cleveland.

Dr. Quilligan

He was appointed instructor in obstetrics and gynecology at Western Reserve School of Medicine in 1956 and became assistant professor the following year, associate professor in 1962, and professor in 1963.

In 1965 he joined the faculty of the University of California School of Medicine where, in addition to his academic appointment, he was chief of obstetrics and gynecology at Harbor General Hospital in Torrance. His clinical background also includes two years as chairman and director of the obstetrics and gynecology department of Cleveland Metropolitan General Hospital, from 1963 to 1965.

He is a member of the council of the Society for Gynecologic Investigation, and the council of the Association of Professors of Gynecology and Obstetrics, and a fellow of the American College of Obstetricians

and Gynecologists. In 1954 Dr. Quilligan shared with Dr. Charles Hendricks the Central Obstetrics and Gynecology Society Prize for their research on cardiac output during labor.

Dr. Solnit Named Head of Child Study Center

Dr. Albert Jay Solnit, professor of pediatrics and psychiatry, has been appointed director of the Yale Child Study Center. He succeeds Dr. Milton J. E. Senn, director since 1948, who will continue to serve as Sterling Professor of Pediatrics and Psychiatry.

Dr. Solnit, a member of the Yale faculty since 1949, is an authority in the fields of child psychiatry and psychoanalysis as well as comprehensive pediatrics. He is chairman of the Committee on Child Analysis of the American Psychoanalytic Association and this year completed a three-year term as president of the Western New England Institute for Psychoanalysis. He is currently a training and supervising analyst in the Institute.

As psychiatric consultant to the New Haven and North Haven public school systems and to the prekindergarten school program in New Haven, Dr. Solnit works closely with community educators. He is also chairman of the Psychiatric Council of the Elm Haven Concerted Services Program, and a member of the New Haven Community Health Services Committee, the Research Advisory Council of Community Progress, Inc., and the South Central Connecticut Regional Mental Health Planning Council.

A native of Los Angeles, he was graduated in 1940 from the University of California (Berkeley) where he earned the M.A. degree in 1942 and the M.D. degree in 1943. Following his internship and assistant residency at Long Island College Hospital, he served for two years as a medical officer in the U.S. Army Air Force. In 1947-1948 he was a resident in pediatrics and communicable diseases at the University of California Division of the San Francisco Hospital.

Dr. Solnit

He came to the New Haven Hospital in 1948 as an assistant resident in psychiatry and was appointed an instructor on the Yale faculty the following year. He joined the Child Study Center in 1952 as instructor in psychiatry and pediatrics, and was appointed assistant professor in 1953, associate professor in 1960, and professor in 1964.

A member of the editorial board of the *Journal of the American Psychoanalytic Association*, Dr. Solnit is also a national adviser to *Children*, the publication of the Children's Bureau of the Department of Health, Education and Welfare. He is on the Training Committee of the American Association of Psychiatric Clinics for Children, and a member of the Center for Advanced Psychoanalytic Studies at Princeton, New Jersey.

New Associate Dean to Supervise Curriculum Change

Dr. Howard Levitin has been appointed associate dean with responsibility for organization of a curriculum revision at the School of Medicine. He will represent the dean on the curriculum committees for the preclinical and clinical years and will serve as chariman of a new committee on elective courses.

This new position in the Dean's Office was created on the recommendation of an ad hoc committee set up to re-evaluate the goals of medical education and their implementation at Yale. The curriculum revision proposed by this ad hoc committee has recently been approved by the school's Board of Permanent Officers.

Dr. Levitin has been a member of the Yale faculty since 1958, when he was appointed an instructor in medicine. He became an assistant professor in 1960 and was promoted to associate professor of medicine in July of 1966. During this period he has been in the Metabolism Section of the Department of Medicine and is well known for his work in fluid balance and renal disease. He has been particularly concerned with the development of the therapeutic and experimental program for the study of the effects of extracorporeal and peritoneal dialysis.

For several years, Dr. Levitin has served on the curriculum committee and was extremely active in organizing the interdepartmental clinical conferences that were initiated with considerable success two years ago. In addition to his new duties as associate dean in charge of the curriculum, he will continue his teaching, research, and clinical activities.

Sollmann Award to Dr. Welch

Dr. Arnold D. Welch, Eugene Higgins Professor of Pharmacology and

Dr. Welch and Sollmonn Award medal

chairman of the Department of Pharmacology, was selected by the Council of the American Society for Pharmacology and Experimental Therapeutics to receive the Torald Sollmann Award at the annual meeting of the Society in Mexico City. The award, consisting of a bronze medal and $2,500, is sponsored by Wyeth Laboratories. It is given triennially for "a significant contribution to the extension and advancement of contemporary pharmacological knowledge sustained over a period of years."

Dr. Welch is internationally known for his work in cancer chemotherapy. The Department of Pharmacology, which he has headed since 1953, was recently rated by the Cartter Report of the American Council on Education as being among the top four pharmacology departments in the country for the quality of its graduate faculty and program.

Dr. Kirchner Shares Casselbery Award

The Casselberry Award of the American Laryngological Association was recently presented to Drs. John A. Kirchner, professor of Otolaryngology at Yale, and Barry D. Wyke of the Royal College of Surgeons (London.) This prize, the nation's highest award for research on disorders of the larynx, is given only when merited by exceptional contributions to the field. It was last awarded in 1962.

The work was done during Dr. Kirchner's sabbatical leave which he spent in Dr. Wyke's Neurological Laboratory of the Department of Applied Physiology at the Royal College of Surgeons. The report of this work was entitled "Cricothyroid Joint Reflexes and their Influence on Laryngeal Function."

Using neurohistological and electromyographic techniques, Drs. Kirchner and Wyke concluded that the precise movements of the vocal cords which occur during phonation and respiration depend, in part, on a regulatory mechanism originating in receptor end-organs located in the fibrous capsules of the cricothyroid joints. This finding lends further support to the idea that the vocal cords possess a "position sense" which helps regulate the voice, and which is independent of the vocal-monitoring function of the auditory apparatus.

Blake Award to Dr. Lytton

This year the Francis Gilman Blake Award was presented to Dr. Bernard Lytton, assistant professor of urology. The award, sponsored by the Beta Zeta chapter of Nu Sigma Nu medical fraternity, is presented annually to that member of the Yale School of Medicine faculty designated by the senior class to be the most outstanding teacher of the medical sciences.

Hospital Administrators Award to Dr. Snoke

Dr. Albert W. Snoke, professor of hospital administration and executive director of the Yale-New Haven Hospital, has received the 1966 Gold Medal Award from the American College of Hospital Administrators. The award, given at the annual banquet of the organization, is presented each year to a hospital administrator who has distinguished himself in the three major areas of patient care, education, and research. This year marks the twentieth anniversary of Dr. Snoke's appointment as director of the hospital.

The John F. Fulton Award

The John F. Fulton Memorial Award in the History of Medicine has been established by a group of his former students and alumni of the Nathan Smith Club, an organization of Yale medical students interested in medical history. The award is to perpetuate Dr. Fulton's work of fostering student interest and enjoyment in research in medical history. It is to be given annually to the student

Portroit of Dr. Clyde L. Deming, clinical professor emeritus of urology, was presented to the school on May 12 by a group of Dr. Deming's colleagues ond former residents. The artist is Deane Keller.

who submits the best manuscript of a talk presented before the Nathan Smith Club.

Gary C. Burget of the class of 1967 received the first award for his biographic study of Eli Ives. It was presented by Dr. Jacques M. Quen ('54) at the May meeting of the Nathan Smith Club held at the home of Mrs. John F. Fulton in Hamden.

Dr. Seligson Honored

Dr. David Seligson, professor of medicine and pathology, was selected to receive the 1966 John Gunther Reinhold Award of the Philadelphia Section of the American Association of Clinical Chemists. A leader in improving and developing methodology for clinical chemistry, Dr. Seligson is director of the clinical laboratories and of the school of medical technology of the Yale-New Haven Medical Center.

The award was presented with the following citation: "To recognize and honor the accomplishments of David Seligson in the field of clinical chemistry, his friendly aid to professional associates, his outstanding efforts on behalf of professional associates, his outstanding efforts on behalf of professional societies, his contribution to the improvement of standards of performance, his encouragement of continued education of clinical chemists and the development of better understanding of clinical chemistry among associated professional and lay groups."

In addition, Dr. Seligson was recently named by the University of Utah College of Medicine and its alumni association as the 1966 recipient of the coveted Fellowship of Medici Publici, the highest award bestowed on medical alumni. The title is derived from the famous medical school at Salerno, Italy, founded in the 9th century and considered the first of its kind. The selection of Dr. Seligson was based on his dedication to his principles "as a practitioner, teacher, and contributor toward the advancement of his community and profession."

Dr. Payne on Leave with WHO

Dr. Anthony M. -M. Payne, Anna M. R. Lauder Professor of Epidemiology and Public Health, has been granted a leave of absence from Yale to serve as Assistant Director-General of the World Health Organization. He is now at the organization's headquarters in Geneva, Switzerland, where his primary responsibility is to develop a new program of research in epidemiology and communication science. In addition, he is in charge of the Vector Control Unit and the Division of Communicable Diseases of WHO. Dr. Edward M. Cohart, C. -E. A. Winslow Professor of Public Health, has succeeded Dr. Payne as chairman of the department.

Dr. Delgado in Moscow

Dr. José M. R. Delgado, associate professor of physiology, participated in the XVIII International Congress of Psychology held in Moscow, August 4-11. He was chairman of the Symposium on Integrative Forms of Conditioned Reflexes where he reported his experiments on social conditioning in monkey colonies.

In another symposium, Dr. Delgado presented a paper on the radio control of aggressive behavior. He also presented a 20-panel photographic exhibit of experimental results, and a color film of radio stimulation in his monkey colony.

Faculty Notes

Dr. Morton M. Kligerman, professor and chairman of the Department of Radiology, was designated president-elect of the Association of University Radiologists at the organization's 1966 annual meeting at the University of Arkansas.

Dr. Arend Bouhuys, associate professor of epidemiology, has been appointed a member of the editorial boards of the *American Journal of Physiology* and the *Journal of Applied Physiology*.

Two members of the faculty were honored in May by election to the American Society for Clinical Investigation. They are Dr. Alvan R. Feinstein and Dr. Lawrence R. Freedman, both associate professors in the Department of Internal Medicine.

Dr. Orvan W. Hess, assistant clinical professor of obstetrics and gynecology, was installed as president of the Connecticut State Medical Society at the 174th annual meeting in April. Dr. Hess served as secretary of the Society for four years and then as vice-president and president-elect.

New Books

THE THEORY AND PRACTICE OF PSYCHIATRY by Dr. Fredrick C. Redlich, professor and chairman of the Department of Psychiatry, and Dr. Daniel X. Freedman. (Basic Books.) This comprehensive, up-to-date guide to the broad range of practices and theories of modern psychiatry explores both the defined boundaries and the frontiers, both the well-established approaches and the unsolved clinical and research problems. In an unusual action, *Archives of General Psychiatry* in August, 1966, devoted its editorial to comment on the book, saying in part: "At last what psychiatry has long needed now appears on the printed page in a magnificently written and published volume. The authors are to be congratulated and given our gratitude. The time, energy, and thought put into this single volume are prodigious and the product is superb . . . It is a 'bible' which should be owned by all stu-

dents and teachers in the field to be thoroughly read, used as a reference book and as an authoritative base from which to move forward through new behavioral studies."

PULMONARY EMBOLISM by Dr. Frank D. Gray, Jr., associate professor of medicine. (Lea & Febiger.) As noted in the preface, "This book is intended for the clinician, whether he be a medical student, house officer, or practicing physician, who must care for the victim of pulmonary embolic disease." The author surveys the pathological and physiological aspects of embolism in considerable detail; discusses the clinical diagnosis, management, and results of embolism; and illustrates major principles with 15 case histories.

THE MIDWIFE AND THE WITCH by Dr. Thomas R. Forbes, professor of anatomy and associate dean. (Yale University Press.) Drawing on the rich folklore produced by the mysteries of pregnancy and childbirth, these essays record many colorful and curious ideas about pregnancy tests, sex prediction, and the protection of the mother by charms and amulets. Here also are accounts of early midwives who experimented with witchcraft, as well as the record of how the midwife came under the control of church and state. The author traces the gradual emergence of scientific explanations to replace the popular notions of the credulous. Almost 900 sources, nearly all original, provide thorough documentation. Old woodcuts and midwives' licenses illustrate the text.

MEDICAL PRACTICE IN MODERN ENGLAND: *The Impact of Specialization and State Medicine* by Rosemary Stevens, research assistant in epidemiology and public health. (Yale University Press.) This volume records the development, particularly during the last two centuries, of the characteristic patterns of English medical practice, institutions, staffing, and training and their subsequent influence on specialization, the Health Insurance Act of 1911, the National Health Service Act of 1948, and the realignments in medicine after World War II. Mrs. Stevens is preparing a similar study of medical specialization in the United States.

New Faculty Appointments

Dr. Alfred S. Evans has been appointed professor of epidemiology. He will also serve as director of the World Health Organization Reference Serum Bank located at Yale, a post that has been held by Dr. John R. Paul since 1961. Dr. Evans comes to Yale from the University of Wisconsin Medical School where he was professor and chairman of the Department of Preventive Medicine. He received his B.A. degree from the University of Michigan, the M.D. from the University of Buffalo, and the M.P.H. also from Michigan. He was previously at Yale in 1948-1949 as a postdoctoral fellow and from 1949 to 1952 as a member of the faculty in the Section of Preventive Medicine.

Dr. Daniel J. Levinson has been appointed professor of psychology in the Department of Psychiatry and will be director of behavioral sciences at the Connecticut Mental Health Center. He received his B.A., M.A., and Ph.D. degrees from the University of California and has served on the faculties of Western Reserve University and Harvard. Prior to coming to Yale, he was director of the Center for Sociopsychological Research at the Massachusetts Mental Health Center.

Other new appointments effective July first include William K. Chandler, M.D., associate professor of physiology; Leonard Garren, M.D., associate professor of medicine; Alexander R. Martin, Ph.D., associate professor of physiology; Donald C. Riedel, Ph.D., associate professor of public health; and Sherman M. Weissman, M.D., associate professor of medicine.

Recent Promotions to Professorships

Five members of the faculty were promoted to the rank of professor effective July first.

Dr. Franklin H. Epstein, professor of medicine, received his B.A. degree from Brooklyn College and the M.D. degree from Yale in 1947. Following house staff training at the New Haven Hospital, he served as a research fellow at Boston University School of Medicine and was in the Army Medical Corps from 1950 to 1953. He has been a member of the Yale faculty since 1954 in the Metabolism Section of the Department of Medicine.

Dr. Allan V.N. Goodyer, professor of medicine, received his B.S. and M.D. degrees from Yale in 1939 and 1942. Following a medical internship at the New Haven Hospital, he served as a medical officer in the U.S. Navy. He returned to New Haven as a house officer in 1946 and has been a member of the Yale faculty since 1948 when he was appointed an instructor in medicine. He has a distinguished record of research in cardiovascular disease and has been chief of the Cardiac Section since 1956.

Dr. William H. Prusoff, professor of pharmacology, received his B.S. degree from the University of Miami and his M.S. and Ph.D. degrees from Columbia University. He was a research associate and instructor of pharmacology at Western Reserve University from 1949 to 1953 when he joined the Yale faculty. He was

promoted to the rank of associate professor in 1959. Dr. Prusoff is known particularly for his research on anti-metabolites and enzyme inhibition.

John D. Thompson, professor of public health, is a graduate of the College of the City of New York and received his M.S. degree in public health from Yale in 1950. He served as a resident in hospital administration at Montefiore Hospital in New York City in 1949-50 and as assistant director of that hospital from 1950 to 1956. He returned to Yale in 1956 as a research associate in public health and was director of a project on hospital function and design. In 1961 he was appointed an associate professor. Mr. Thompson is director of the Yale program in hospital administration which is centered in the Department of Epidemiology & Public Health.

Dr. Ruth Whittemore, clinical professor of pediatrics, is a graduate of Mount Holyoke College and Johns Hopkins University School of Medicine. She served her internship and residency in pediatrics at the New Haven Hospital and was then at the Massachusetts General Hospital in Boston and the Johns Hopkins Hospital before returning to New Haven as a member of the Yale faculty in 1947. She was director of the Division of Pediatric Cardiology from 1947 to 1964 and has been Director of the State Health Department's New Haven Rheumatic Fever and Cardiac Program since 1947.

Promotions to Associate Professor

The following faculty members were promoted to the rank of associate professor effective July first:

Marie J. Browne, M.D., pediatrics; Joseph R. Bove, M.D., medicine and clinical pathology; Richard P. Boyce, Ph.D., radiobiology; Irwin M. Braverman, M.D., dermatology; Joseph E. Coleman, M.D., Ph. D., biochemistry; Harold O. Conn, M.D., medicine; Jerome M. Eisenstadt, Ph. D., microbiology; and C. Norman Gillis, Ph.D., pharmacology.

Also: Frieda G. Gray, M.D., medicine; Nathan G. Kase, M.D., obstetrics and gynecology; Kenneth Keniston, Ph.D., psychology; Howard Levitin, M.D., medicine; Patrick J. Mulrow, M.D., medicine; Gaston L. Schmir, Ph.D., biochemistry; Gilbert B. Solitare, M.D., pathology; and Romeo A. Vidone, M.D., pathology.

Dr. Leonard

John Charles Leonard, M.D.

The many friends, colleagues, and former students of Dr. John C. Leonard, clinical professor of medicine, were shocked to learn of his death on April 25 following a brief illness. He died in New York City, where he had been participating in meetings of the American College of Physicians. He was 62 years of age.

John Leonard received his B.S. degree from Westminster College in New Wilmington, Pennsylvania, prior to entering the Yale School of Medicine in 1928. He received the M.D. degree from Yale in 1932 and then went to Cleveland where he was on the house staff of the University Hospitals for two years. He returned to the New Haven Hospital in 1934 and was appointed resident physician the following year. He was an instructor in medicine at Yale until 1941 when he became associate director of the Commonwealth Fund.

From 1942 to 1945 Dr. Leonard was assistant medical director and clinic director at the Hartford Hospital. He then spent two years in Boston as director of the clinic consultation service of the Pratt Diagnostic Hospital and was an associate professor of medicine at Tufts College Medical School. He returned to the Hartford Hospital in 1949 as director of medical education, a position which he held at the time of his death.

Upon his return to Hartford, Dr. Leonard was appointed an associate clinical professor of medicine at Yale and in 1963 was promoted to the rank of clinical professor. Although his base was Hartford Hospital and he was extremely active in many state and national organizations, he continued to participate enthusiastically in the medical teaching program at Yale and throughout a part of each year would come to New Haven weekly to make consulting rounds on the medical service with house staff and students. He was considered to be a particularly outstanding teacher.

As director of medical education at Hartford Hospital for 17 years, he organized a house staff training program that was known and highly respected throughout the country. It was a prototype that provided a standard for other hospitals to follow. As an educator he believed in teaching by example with bedside rounds and person-to-person contact, and as the beloved physician of his own patients, he set an example of the best in medical care.

Dr. Leonard was active in the

Hartford Medical Society, the Hartford County Medical Association, the Connecticut State Medical Society, and the American Medical Association. He was Connecticut governor of the American College of Physicians from 1951 to 1961 and had been on its Board of Regents since 1962. He served for many years as an officer and executive committee member for the Association of Yale Alumni in Medicine and was president from 1959 to 1961.

It should be noted that the 1966 Connecticut Clinical Congress sponsored by the Connecticut State Medical Society and Yale University School of Medicine on September 28 was dedicated to the memory of Dr. Leonard, who for many years was an active member of the Society's Committee on Postgraduate Education and a leading figure in the field of postgraduate education in Connecticut as well as nationally.

Ernest H. Ferrell, Jr., M. D.

Dr. Ernest Henry Ferrell, Jr., clinical instructor in surgery, died on July 15; he was 42 years of age. A graduate of Western Reserve University School of Medicine in 1947, he had completed his internship and residency in surgery at the Grace Hospital, New Haven, in 1952 and then had served two years in the Naval Medical Corps. Dr. Ferrell practiced surgery in New Haven and had been a member of the Yale faculty since 1959.

Bruno Z. Kisch, M. D.

Dr. Bruno Z. Kisch, a cardiologist who had served as curator of the Edward Clark Streeter Collection of Weights and Measures in the Yale Medical Library since 1957 died in Bad Nauheim, Germany, on August 11 at the age of 76. Born in Czechoslovakia, Dr. Kisch received his M. D. degree from the University of Prague in 1913. He was later on the faculty at Cologne University, where he was professor of physiology until he left Germany in 1936. He was an honorary research fellow in physiology at Yale in 1939-1940. He then joined the faculty at Yeshiva University in New York City as professor of the philosophy and history of science and from 1955 to 1962 was medical director of Yeshiva.

Dr. Kisch's most recent book *Scales and Weights—A Historical Outline* was published last year by the Yale University Press.

Robert P. Knight, M. D.

Dr. Robert P. Knight, medical director of the Austen Riggs Center in Stockbridge, Massachusetts, and one of this country's outstanding psychiatrists, died at the age of 63 on April 30 of this year. He had served as a lecturer in psychiatry at Yale with the rank of clinical professor since 1947. Dr. Knight had received his M. D. degree from Northwestern University in 1932. Prior to his appointment at the Austen Riggs Center in 1947, he was chief of the psychotherapy service at the Menninger Clinic.

Steven P. Magyar, M. D.

Dr. Steven P. Magyar, a well-known New Haven surgeon and lecturer in anatomy at the School of Medicine, died on August 23 following a lengthy illness. Born in Hungary in 1917, he had been awarded the M. D. degree from Laval University in Quebec, Canada, in 1943 and had practiced surgery in New Haven since 1948. Dr. Magyar had participated in the teaching of gross anatomy at Yale for the past five years.

Alumni News

1922

HELEN P. LANGNER writes that she is a consultant in psychiatry to the Presbyterian Senior Services Pilot Study in New York City. Dr. Langner, who lives in Milford, Connecticut is attending psychiatrist emeritus at the New York Infirmary.

1926

JOSEPH L. HETZEL sent the following report on the 40th reunion: "Those present: JOHN GRIGGS, ABE BROWN et ux, DICK STARR, JOE MATTEIS et ux, MAX BOGIN et ux, STAN ALLISON, JOHN LAURICELLA, BETTY HARRISON, DAVE ROGINSKY, JOE HETZEL. Others heard from: CHIZ GOSS, moving to Washington, D.C. and so could not fulfill his hope to be present; PAUL WERSHUB, faded; TOM GRAHAM (né Cutujian) hospitalized, we heard via grape vine, in N.Y.C.; TOM COTTIERO, went shopping in N.Y.C.!

"The proceedings opened with registration in the library. This was reasonably painless due to the blandishments of the two lovely registrars whose names and addresses are on file.

"Next to Beaumont Room, by elevator specifically supplied for the elderly, for coffee, poured by another whose data are on file. Here we met Dr. Ira Hiscock. He is retired but very busy with a consulting practice in Public Health which, by his good management, seems to take him to Europe in the summer and to Hawaii in the winter time.

"Then in company with one Dr.

BUTLER, pediatrician of Rochester, Strong Memorial, we toured the new Laboratory of Clinical Investigation. This is a tower with a floor plan resembling a swastika standing where the old Isolation Building was in our time—remember Ted Dennely and Miss Thayer? From the top one gets an even more spectacular view of future developments in medicine. This particular beehive of clinical investigation will produce some substantial results.

"A 'demonstration of closed circuit T.V. in teaching human anatomy' from 10 AM-11:45 AM made Dr. Ferris' comment, that you have to learn anatomy ten times and forget it nine times before you know it, seem a bit more attainable for those interested either by choice or coercion.

"Slightly conflicting with this offering was a cozy demonstration of Grand Rounds as done at Yale. It was conducted in the Mary S. Harkness Memorial Auditorium by a team representative of both the Medical and Surgical departments. Not at all unexpectedly it was directed by a Surgical Resident. You remember during World War II great things were being done in brain and thoracic surgery by our men in U. S. military hospitals in Europe. Dr. John Erdman of N.Y.C. went over to find out how and by whom. When Dean Winternitz met him at the boat in N.Y.C. and asked 'How about it, John?' the answer was 'Winter, it's a residents' war.' Evidently these residents are still out in front and still fighting.

"Luncheon was provided in the Edward S. Harkness Memorial Hall in bountiful buffet style. For those astute enough to reserve seats in the paved terrace it was a delightful meal with a clear blue sky overhead and the children of senior medical students under foot. The rest of us enjoyed the repast inside beneath specimens of 'op' art which caused a few observers to wonder if they were undergoing ophthalmological research. The accordionist was definitely not 'op' as he once drifted off into 'Over the Hills to the Poor House.'

"At 2:00 P.M. a 'Special Program for Alumni and Guests' was presented in the Auditorium. Dr. LAWRENCE K. PICKETT opened the proceedings with a light touch that pervaded the subsequent activities. There was a brief report on the Alumni Fund. Then Dr. BENJAMIN CASTLEMAN ('31) 'from a little fishing village north of Cape Cod' gave a most interesting history of the C.P.C. under the title 'Charting the C P Seas,'—which he must publish. There followed a series of amusing and interesting anecdotes from the field of Public Health by Dr. GEORGE JAMES, ('41) Dean, Mount Sinai School of Medicine. Finally our own Dr. Charles D. Cook, Professor and Chairman of Pediatrics though slightly tainted by a brief sojurn at the above noted fishing village did a masterful history of Pediatrics at Yale entitled "From Preconception to?". This title was almost too much for the equanimity of those of us who remembered Dr. Park and his Harem. There followed at 4:00 P.M. a social hour at the 'Dormitory', this time accompanied by a piano. The Department of Pharmacology has not lost its judgment in the selection or preparation of various libations designed to elevate the spirits and loosen the tongue. It was well attended. There were numerous small knots of alumni gathered about various professors doubtless to the advantage of both. All hands looked well and flourishing—none significantly aged.

"After these festivities those of us in the class of '26 went across town to the home of BETSY HARRISON for further libation and a wonderful dinner. The trip was an eye opener to many who had not visited New Haven recently. Oak Street is no more, having been redeveloped into a wide highway, beyond which loomed massive new buildings replacing many of those we knew. Betsy's two maids Priscilla and Una in crisp white starched uniforms were most solicitous of our welfare and plied us with the perfection of their labors.

"Reminiscences and a few medical anecdotes some of which might stand retelling, could we recall them, wound up a splendid reunion. Sorry more of you couldn't make it. See you all five years from now—"

1927

WILLIAM C. MEREDITH retired from private practice of internal medicine in January 1966 and is now on the staff of the Veterans Administration Hospital in White River Junction, Vermont.

1928

ROBERT I. RUBINSTEIN received the "Outstanding Member of the Year" award of the American Physicians Fellowship for the Israel Medical Association, an organization of some 3,700 doctors interested in helping medicine and physicians in Israel. The award was made at the organization's 16th Annual Assembly during the American Medical Association Convention in Chicago in June. Dr. Rubinstein, a general practitioner in Brooklyn, New York for 33 years, was cited for his efforts in helping the American Physicians Fellowship grow in membership and accomplishments during 1965.

1929

ROBERT A. FRISCH is president-elect of the Milwaukee Academy of Medicine this year.

The third edition of *Bone Tumors* by LOUIS LICHTENSTEIN has been published by C. V. Mosby Co.

1930

CASPAR G. BURN wrote in May to report that he had been teaching pathology at the Georgetown Hospital in Georgetown, British Guiana for the past year and would be returning to this country in July.

1931

CLARENCE H. COLE has reported as follows on the class reunion: "The Class of 1931 held its 35th Year Reunion by attending the

Alumni Day Program on Saturday, June 11th.

"The following graduates and their wives attended, MAX TAFFEL, CONRAD LAM, BEN CASTLEMAN, MORRIS HELLER, ABE SCHECHTER, ALLISON WILLS AND CLARENCE COLE.

"The Class Reunion Dinner was held at the Hofbrau Restaurant at 6:30 P.M. and broke up about 10:00 P.M. after a spirited discussion and many reminiscences of the old days. Dr. CONRAD LAM presented an original song for the general entertainment.

"It was decided that an individual attempt on the part of every one present would be made to get all the living members back for the 40th Reunion."

RICHARD L. FRANK, attending psychiatrist in charge of the Adolescent Division at the Mt. Sinai Hospital in New York City, is president of the Association for Psychoanalytic Medicine and vice-president of the Mental Health Film Board.

ABRAHAM J. SCHECHTER of Brooklyn writes that his son, Robert, has been admitted to Yale College as a merit scholar in the class of 1970.

1933

GEORGE K. HIRST was one of six physicians elected to membership in the National Academy of Sciences this past spring for "distinguished and continuing achievements in original research." Dr. Hirst is director of the Public Health Research Institute of the City of New York, which he joined in 1946 as chief of the division of infectious diseases, subsequently the Department of Virology. He has continued to head this department since becoming director of the institute in 1956. He is widely known for his studies on influenza virus, and his finding that this virus could agglutinate red blood cells led to the discovery of the first enzyme known to be incorporated in a virus particle.

1936

WILLIAM H. GAULT of 3450 East 34th Street, Tucson, Arizona writes as follows: "You may put my name and address in the Bulletin for the benefit of any 'old' friends who might have lost track of me. Same ole address—same ole job 'Pediatrics.' "

GEORGE A. HAHN writes: "I am continuing as Professor of Obstetrics and Gynecology at Jefferson Medical College and Attending Obstetrician and Gynecologist at Jefferson Medical College Hospital. I have just been appointed to the Executive Committee of the Hospital and I am Director of the Gynecologic Tumor Clinic. I am also Visiting Lecturer in Obstetrics and Gynecology at the University of Pennsylvania Graduate School of Medicine.

"I am going to spend a number of weeks in Cartagena, Colombia as one of the members of the Project HOPE Survey Team. I have just been made Chairman of the Advisory Committee in Obstetrics and Gynecology for Project HOPE.

"On the non-medical side I am Chairman of the Tennis Committee at the Philadelphia Country Club and in free moments when the weather is right I play tennis and in the winter months I play squash."

SAMUEL YOCHELSON reports that he is program director of research in criminal behavior at St. Elizabeth's Hospital in Washington, D.C.

1938

J. RICHARD ZAHN has been named assistant medical director of E.I. duPont de Nemours & Company in Wilmington, Delaware. He joined duPont in 1941 and since 1945 has been at the Repauno, New Jersey plant where he was medical supervisor. He is a member of the American Academy of Occupational Medicine, the Industrial Medical Association, and the American College of Preventive Medicine.

1939

ARTHUR S. TUCKER, who is associate professor of radiology at Western Reserve and associate radiologist at the University Hospital of Cleveland, sent the following item in July: "I spent a half-year sabbatical last year as radiologist at the Christian Medical College in Vellore, S. India. The heat was monotonous, but the country fascinating. Lots of work with tuberculosis, kwashiorkor, osteomyelitis, microfilariasis, bone tumors, and leprosy. "Perhaps the most remarkable incident in my entire leave, however, occurred in Stockholm where I participated in the meeting of the European Society of Pediatric Radiology on my way to India. I was getting out of a taxi when a passing pedestrian came up to me and said, 'Greetings. I believe you are Art Tucker.' Well, I was completely flabbergasted; it was Carl Seipel, whom I had of course not seen for 26 years. He had been ill, with gastric trouble, so was thinner than when we knew him. But otherwise he was in good spirits, and going strong!"

1940

H. STUART IRONS, JR., chief of the surgical service at the Veterans Administration Hospital in Wilkes-Barre, Pennsylvania has been promoted to clinical professor of surgery on the faculty of Temple University School of Medicine in recognition of the training program for residents rotating through the Veterans Administration Hospital.

1941

The 25th year class reunion dinner was held at the New Haven Lawn Club. CHARLES CHENEY, who served as chairman and was in charge of local arrangements, reports that the following members of the class were present: MARVIN BLUM, HUGH H. BUTLER, WILLIAM A. CAREY, JR., CHARLES B. CHENEY, HERBERT W. DIEFENDORF, PETER A. DUNCAN, JOHN E. FENTON, LLOYD D. FLINT, GEORGE JAMES, WILLIAM E. KENNEY, BJORN LIH, WILLYS M. MONROE, MALCOLM C. MURFITT, EDWARD B. O'CONNELL, GIOACCHINO S. PARRELLA, DA-

VID V. PECORA, MRS. PHILIP STANLEY VanORDEN.

1942

Principles of Anesthesiology by VINCENT J. COLLINS has been published by Lea & Febiger. This entirely new book based on an earlier work by the author is designed especially for the resident in anesthesiology but will be appreciated by all who have an interest in the field. Dr. Collins, who is director of the Division of Anesthesiology at Cook County Hospital in Chicago, was elected president of the Illinois State Society of Anesthesiologists in April.

1945

HANS R. HUESSY, who is associate professor of community psychiatry at the University of Vermont College of Medicine, gave two papers in Prague this past summer and reports that he has a book coming out soon.
LAWRENCE J. MORIN has recently been appointed chief of surgery at the Mary Hitchcock Memorial Hospital in Hanover, New Hampshire.

1946

FRANKLIN C. BEHRLE has been appointed an associate dean at the New Jersey College of Medicine. Dr. Behrle is chairman of the Department of Pediatrics at the school and is chief of the pediatric service at Newark City Hospital.

1948

G. ROBERT DOWNIE has begun a residency in physical medicine and rehabilitation at the Tufts-New England Medical Center in Boston. He had been in general practice in Winsted, Connecticut for the past 16 years.
ROBERT C. LAWSON and JEROME H. SHAPIRO have been elected to membership in the American Society of Neuroradiology.
C. ARDEN MILLER has resigned his post as dean and provost at the University of Kansas School of Medicine in order to undertake a year of study abroad. He planned to leave in June for London to pursue a program of study in the comprehensive care of handicapped children. On his return to Kansas next year he will serve as director of the Children's Rehabilitation Unit.

1950

SIDNEY S. LEE has been appointed the first associate dean for hospital programs in the Faculty of Medicine at Harvard. He will have the job of coordinating the Harvard Medical School's activities with work being done in the affiliated teaching hospitals. He had served as general director of the Beth Israel Hospital in Boston since 1959.

1952

ROBERT W. WINTERS received a 1966 E. Mead Johnson Award of the American Academy of Pediatrics. Dr. Winters, who is professor of pediatrics at Columbia University College of Physicians and Surgeons, was honored for his contributions to the understanding of abnormalities related to the biochemical and physiological processes that control acid balance and mineral utilization occurring postoperatively in childhood diarrhea, and in certain metabolic diseases such as diabetes.

1955

C. GREGORY PETERSON, JR., has begun practice of urology in Willimantic, Connecticut. He is associated with GEORGE E. BECKER, WILLIAM A. WHALEN ('53), and James W. Major.
GLORIA C. ONQUE writes: "Now that my three children have started school, I have returned to residency in psychiatry at University of Pittsburgh Western Psychiatric Institute and Clinic."

1956

The tenth-year reunion for the Class of '56 was a rousing success. The following twenty-seven members of the class returned to enjoy the luncheon, cocktail party, and evening dinner at the Hofbrau: LEO BOYAJIAN, STEVE DOWNING, MITCH EDSON, TOM FERRIS, JOHN GARDNER, SUMNER GOCHBERG, ROSALIE BURNS GOLDBERG, BILL GRYBOSKI, AL GURWITT, JOHN HART, JERRY KLEIN, BILL LEWITT, JAKE MAINZER, PRES MANNING, DWIGHT MILLER, TED MITCHELL, NORM MOON, BILL NARVA, FRED NORTH, BILL O'BRIEN, DAVE PAGE, JIM PATRICK, BOB RICE, BOB SCHEIG, JIM SCHEUER, BEN SHAVER, CHARLIE ZIGUN.
TOM FERRIS commented as follows: "The weather was beautiful and many of the class who hadn't seen New Haven for several years spent the afternoon enjoying the architectural changes of New Haven, Yale College, and the Medical School. We all hope to see more of the class in 1971. I don't think it will be difficult to get those who came back for the tenth reunion to return again in 1971."
A. FREDERICK NORTH, JR., has left the Department of Pediatrics at the University of Rochester to accept a position with Project Head Start in the Office of Economic Opportunity in Washington. He recently wrote as follows regarding his new post: "I will be one of two pediatricians working for Project Head Start. I see my duties as conceptualizing and planning the type of health services which Head Start should offer to pre-school children, stimulating physicians and other health personnel to get these services to the children and to experiment with new models for providing health services to this group of children, and finally planning and executing the evaluation of the effects of these health services on the children involved.
"I think that Head Start can give communities an opportunity to evaluate their health services for children and to expand and to experiment with new models for providing these services. It can also focus the attention of physicians and researchers on those health problems which affect school adjustment and school performance, and can hopefully stimulate a productive interaction between physicians, teachers, school psychologists and others to the benefit of the children involved."

1957

DERMOT J. DEMIS has been elected to membership in the American Society for Clinical Investigation.

HARRY C. BRIGGS is now a member of the full-time faculty at Yale as an instructor in surgery.

WILLIAM L. KISSICK has been appointed chief of the U.S. Public Health Service Division of Public Health Methods and will work with the Office of the Surgeon General in planning current and long-range public health programs.

HERBERT A. NEWMAN is now practicing pediatrics in White Plains, New York in partnership with LEROY ENGEL ('55).

1958

PETER A. FLYNN, as of June 1966, is spending a year as surgeon aboard the Navy's newest aircraft carrier, the *U.S.S. America.*

JOHN C. GALLAGHER is currently chief of the ENT Pathology Branch at the Armed Forces Institute of Pathology in Washington, D.C.

JAY W. KISLAK is an instructor in medicine at New York City Health Department and in private practice of internal medicine and infectious diseases in New York.

JACK W. LOVE reports that he passed his surgery and thoracic surgery boards earlier this year.

WILLIAM S. McCLANAHAN began practice of ophthalmology in April 1966 in Meriden, Connecticut.

ALLAN H. MILOFSKY is in private practice of psychiatry and on the staff of the Putnam Children's Center in Boston.

1959

ASA BARNES, JR. is now in his second year of residency in clinical pathology at Walter Reed Army Hospital in Washington, D.C.

JACK F. BOWERS is in private practice of ophthalmology in Haverhill, Massachusetts and is a diplomate of the American Board of Ophthalmology.

KRISTAPS J. KEGGI returned from his Army assignment in Vietnam in July and is now on the Yale faculty as assistant professor of orthopedic surgery.

PARRY B. LARSON is now in private practice of thoracic and cardiovascular surgery in Miami, Florida. He is associated with THOMAS O. GENTSCH ('53).

MICHAEL J. McCABE is in residency training in radiology at the George Washington University Hospital in Washington, D.C.

JAMES A. O'NEILL, JR., is presently assigned to the U.S. Army Surgical Research Unit at Fort Sam Houston, Texas. He reports that he sees DAVE SKINNER and DICK SENFIELD regularly.

CHARLES A. PHILLIPS joined the faculty of the University of Vermont College of Medicine in July as an assistant professor of medicine.

DAVID B. SKINNER completed his residency at the Massachusetts General Hospital in 1965 and is currently serving in the Air Force at the School of Aerospace Medicine in San Antonio, Texas. The Skinners have three daughters and report that they all are enjoying Texas.

ROBERT B. WHITNEY, JR., is practicing radiology in Tacoma, Washington.

1960

A. GRISWOLD BEVIN has been appointed an instructor in surgery on the full-time faculty at Yale, effective July 1966.

DONALD P. BUEBENDORF has completed his active duty with the Navy and is now in private practice in Essex, Connecticut. He is a clinical instructor in pediatrics at Yale and teaches weekly in the outpatient clinic.

DANIEL M. JONES has been transferred from the U.S. Naval Hospital in Memphis, Tennessee to the Naval Hospital in Yokosuka, Japan where he is chief of radiology.

PAUL J. FRIEDMAN has been awarded a Picker Foundation Advanced Fellowship in Academic Radiology and has returned to Yale to work with Dr. Richard H. Greenspan and Dr. Averill A. Liebow. Dr. Friedman spent three years in clinical training as a resident in radiology at the Columbia-Presbyterian Medical Center in New York and since July 1964 has been chief of radiology at the U.S. Naval Submarine Medical Center in Groton, Connecticut.

WILLIAM S. KADEN has entered practice of internal medicine in association with the Harvard University Health Services in Cambridge.

D. KENT MOREST was awarded the C. Judson Herrick Award by the American Association of Anatomists in April 1966 for "meritorious contributions to comparative neurology."

1961

The class of 1961 held its fifth reunion in New Haven on June 11 and 12. Among those attending were BOB LIVINGSTON, who is practicing obstetrics and gynecology in Englewood, New Jersey; BOB BRIGGS, who is practicing internal medicine in Torrington, Connecticut; and DICK LUSBY, who was practicing pediatrics in New Britain but who is moving to Seattle, Washington to do the same thing. TOM SAKODA came the greatest distance (from Kansas City, Kansas, where he is a neurosurgical resident) but WAYNE DOWNEY, whose third child, a daughter, arrived the next day, came almost as far (Fort Leonard Wood, Missouri, where he is in the service). JOHN PEARCE came under the most auspicious circumstances for he had gotten married the day before. ROLAND PAEGLE, who is a pathology resident at the P.H.S. Hospital in New York, BOB TAUB, who was on his way to Great Britain; ANOUSH MIRIDJANIAN, who is doing lipid research in New York; GEORGE LORDI, who is a resident in medicine at the New Jersey College of Medicine; and DAVE MATLOFF, chief surgical resident at Strong Memorial in Rochester, New York, were among the other out-of-town visitors. Two busy Yale-New Haven chief residents, PHIL FELIG (medicine) and WARREN WIDMANN (surgery), also took time off to attend. The program which included a Sat-

urday night dinner (Carriage Drive Restaurant) and a Sunday picnic was organized and coordinated by DAVE BROOK (reunion chairman engaged in the practice of psychiatry in New York) and LARRY PERLMAN (fellow in medicine, Yale-New Haven and class secretary).

The *Oak Street Connector*, class newsletter, will be published next spring and cards will be mailed shortly to obtain class news.

1962

JON M. AASE is working on congenital defects research for the National Institutes of Health NICHD and is attached to the Arctic Health Research Center in Anchorage, Alaska.

LEROY A. FORSTROM has been an assistant professor of logic and philosophy of science at Simon Fraser University in Vancouver, British Columbia since July of 1965.

SHERWOOD WALDRON, JR., began practice of psychiatry in New York City in July while continuing a fellowship in child psychiatry at the Albert Einstein College of Medicine.

JOHN P. LYNCH began his residency in otolaryngology at the Massachusetts Eye and Ear Infirmary in Boston in July.

1963

CHARLES W. CARL, JR., began his third year of psychiatric residency at the Massachusetts Mental Health Center in Boston in July. He wrote in May to say that other members of the class at the center were JAMES DALSIMER, DAVID FRAM, PETER LIVINGSTON, and HERBERT MELTZER – also ROBERT SHAPIRO from the class of 1964.

DAVID M. HOLDEN completed a two-year residency in pediatrics at Columbia-Presbyterian Medical Center Babies Hospital in June and is now in the U.S. Public Health Service. He has been assigned by the Epidemic Intelligence Service of the Communicable Disease Center to the Washington State Health Department Division of Epidemiology in Olympia, Washington, where he will serve for two years as a medical epidemiologist.

HAROLD P. KAPLAN writes that he is "doing research in oxygen toxicity as part of atmospheric selection program for USAF & NASA manned spacecraft program at Aeromedical Research Laboratories, Wright-Patterson AFB."

GARY C. VAN GALDER completed his second year of residency in urology at the University of Oregon Hospitals and in June departed for Army service in Germany.

EDWARD F. WILSON has finished

If you have a news item about yourself or a classmate, or a change of address, please note it on the card at the right and return it to YALE MEDICINE (address on reverse side.)

Name_____ Class _____
(please print) or House Staff years _____

news for YALE MEDICINE:

three years of pathology at the Johns Hopkins Hospital and in July moved to New York City for a year's fellowship at the Memorial Hospital for Cancer and Allied Diseases.

1964

GENE I. HIGASHI is now a graduate student in the Department of Pathobiology at Johns Hopkins University School of Hygiene and Public Health. He is enrolled in the Sc.D. program in the field of immunological parasitology.

JAMES J. MURPHY writes that he has been stationed at Wurtsmith Air Force Base in Oscoda, Michigan and expects to be there for two years. He notes that PAUL LIGHTFOOT has remained at St. Vincent's Hospital in New York City for his second year of medical residency and that CHARLES SEMONSKY, who also interned at St. Vincent's, is now in the Navy.

THOMAS SNOKE is medical officer in charge of the Keams Canyon Public Health Service Indian Hospital in Arizona. This is a 38-bed general hospital with a staff of five physicians.

1965

EDGAR W. HULL has remained at the Johns Hopkins Hospital as an assistant resident in medicine.

CARL E. HUNT began a pediatric residency at the University of Minnesota Hospitals in July. The Hunts' first child, Carl Andrew, was born August 25, 1965.

RONALD J. KARPICK has stayed at Duke University as an assistant resident in medicine.

MICHAEL B. MAYOR reports that their third child, Harriet Sloane, was born in September 1965.

PUBLIC HEALTH

1951

JAMES M. A. WEISS has been appointed chairman of the new national committee on professional training in mental health sponsored by the American Public Health Association. He has also been elected the first president of the Missouri Academy of Psychiatry.

1955

MORRIS LONDON is now assistant administrator of Maimonides Hospital in Brooklyn, New York.

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stamp

Editor, YALE MEDICINE

Room L200

333 Cedar Street

New Haven, Connecticut 06510

(clip here)

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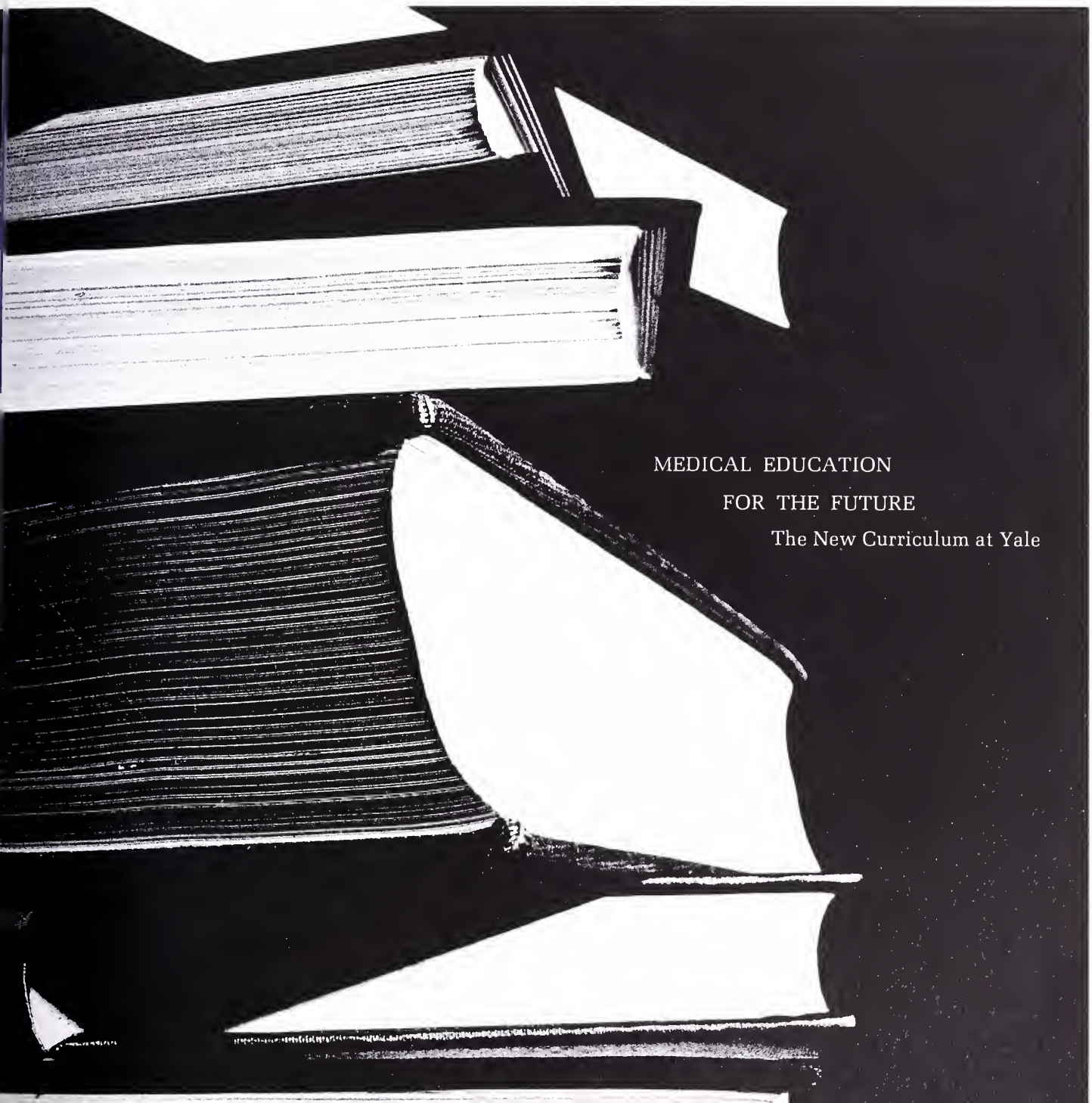
YALE MEDICINE

ALUMNI BULLETIN OF THE SCHOOL OF MEDICINE / WINTER 1967



MEDICAL EDUCATION FOR THE FUTURE

The New Curriculum at Yale

COVER: *Design in books, photographed by Robert Perron. An article on the new curriculum begins on page 2.*

YALE MEDICINE

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Contents

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Medical Education for the Future

The New Curriculum at Yale

by Vernon W. Lippard, M.D., Dean

The traditional curriculum of American medical schools, adopted sixty years ago, was designed to prepare physicians to enter practice on graduation. Although methods of instruction and course content have changed, the courses offered and time allotted to them have remained relatively constant, despite the ever-increasing mass of knowledge, the variety of careers open to medical school graduates, the extension of postdoctoral educational experience, and the changing role of medicine in society. Our faculty has taken a serious look at these problems and found a solution which is, I believe, both imaginative and practical. It retains the best features of the program which has been so successful over the past forty years and faces up realistically to the requirements of a generation of students who will reach the height of their careers toward the end of the twentieth century.

The new curriculum has its roots in the "Yale Plan", which has been in operation since 1925. The aim of the founders of this plan was to create an atmosphere in which a selected group of intelligent and highly motivated young men and women would be stimulated to learn and, as graduate students, would be given more than customary responsibility for their own development. Characteristics which have distinguished this program from that offered at other medical schools are (1) fewer fixed course requirements, (2) emphasis on elective courses, (3) absence of required course examinations, (4) the required dissertation based on original research, and (5) individual or small group instruction.

None of the authors of this plan is still active, but it has survived the skepticism of succeeding generations of faculty, many of whom, educated in more traditional schools, have arrived in New Haven convinced that it couldn't possibly work. The converts have become its most enthusiastic advocates. There has, however, been a growing dissatisfaction with the structure of the curriculum.

Two years ago, a faculty committee, chaired by Professor Byron Waksman, began a thorough study of the educational process, taking into consideration such questions as the future of medical practice and research; the mission, objectives, and admission policies of the Yale School of Medicine; and methods of instruction, as well as the curriculum. It analyzed the backgrounds and solicited the advice of current students, considered the careers of recent graduates, and studied the changes in curriculum adopted recently by other schools. The committee's recommendations were approved by the Board of Permanent Officers in May, 1966. Detailed planning for implementation is now in progress.

For most students the course of study will continue to extend over a period of four years. Those who choose to spend five or six years will have additional opportunity for research and elective study. A combined M.D.-Ph.D. program, extending over approximately seven years, will be encouraged. Each academic year will consist of two semesters of eighteen weeks each

and the summers will remain free for research and elective work.

The first two semesters will be devoted to study of normal structure and function, beginning with major courses in biochemistry, cell biology, and personality development and followed by courses in anatomy, physiology, neurobiology, and physical development. A smaller number of hours during this period will be devoted to introductory courses in epidemiology, biometry, history of medicine, and human ecology.

In the third semester, students will concentrate on courses which provide a bridge between the basic sciences and clinical medicine, i.e., pathology, pharmacology, laboratory medicine, and psychopathology. The number of hours per week scheduled for lectures, laboratories, and conferences remain essentially unchanged. For the majority of students, the fourth semester will be free except for a course in the introduction to clinical medicine. Many will, during this period, begin the research leading to their dissertations and take advanced courses, with other graduate students, in the basic medical sciences.

In the fifth and sixth semesters, most students will take basic clerkships of six weeks each in surgery, pediatrics, obstetrics and gynecology, and psychiatry, and of twelve weeks in medicine. Instruction in radiology will be offered throughout this period. Experience in these semesters provides a firm foundation in the broad field of clinical medicine. Each student will spend either the seventh or eighth semester in the medical and pediatric outpatient clinics and in advanced clerkships in the medical and surgical specialties. The remaining semester will be free for elective courses and research.

As previously noted, two of the eight semesters, or one of the four years, will be available for elective work. The student will be given a good deal of freedom in his choice of activity during this period. Many will be attracted to a rich fare of elective courses which will provide opportunity for study in depth in an area of basic medical science or clinical medicine. Others will spend their time in a research laboratory. The program for each student will be custom tailored to his special interests, with the guidance of his advisor. In this and other respects, it will conform generally to the type of educational experience available to graduate students in other disciplines. The day when a medical school may be expected to turn out a uniform product has passed.

The elective program is in the process of complete reorganization, with the intention of avoiding the cafeteria approach and substituting a more limited number of courses, many of which will cover broad areas of medical science. For example, seminars in the physiology of reproduction, or cardiac structure and function in health and disease, will be the joint responsibility of faculty members oriented to the basic and clinical medical sciences. Lecture courses and superficial clinical experiences will be discouraged, and students will be expected to read extensively and participate actively.

Participation in research has for years been a feature of the Yale program. The revised curriculum will provide a greater opportunity for students with strong research interests although minimal requirements remain unchanged. Students who choose to do so may take the two elective semesters in succession and thereby have a year available for uninterrupted concentration on research.

One of the major revisions involves the incorporation of much of the subject matter covered formerly in courses in microbiology, microscopic anatomy, and parts of physiology, plus cellular and molecular genetics, in a new course in cell biology. Greater emphasis will thus be given to the important and rapidly developing area of biological science concerned with subcellular structure and function. This will, in turn, require some reduction in the hours devoted to gross anatomy. For those interested in the latter, however, there will be expanded opportunity to take elective courses directed to organ systems.

Efforts to relate the basic biological, physical, and social sciences to clinical medicine are apparent in both the basic and elective programs. Correlation clinics illustrating problems of clinical medicine will be presented throughout the preclinical period and instruction in the hospital wards and clinics will emphasize deviations from normal physiological processes, demonstrated by disease states. Instruction in clinical medicine, at the predoctoral level, should no longer consist of dealing superficially with large numbers of patients and memorization of signs, symptoms, and standard methods of treatment. The time to learn techniques is in the period of residency training.

A psycho-social component extends throughout the basic curriculum. Considerable emphasis is given to the ecology of man, to the psychological and social problems of normal and sick people, the causes and distribution of disease in large population groups, the dis-

tribution of health services, and the role of health personnel in contemporary society. Payment for health services by third parties, the growth of group practice, the increasing participation of government agencies, urbanization, aging of the population, and other social factors will have a profound influence on health services. Physicians educated at Yale should have a background which will make it possible for them to adjust to social as well as scientific advances.

This program has not been devised with the idea that it establishes an ideal pattern for all medical schools. It is, we believe, uniquely adapted to a university-oriented school with a small but highly selected student body and a large full-time faculty with extensive commitment to research, as well as education and patient care, operating in the environment of a well-defined medical center. Outstanding characteristics are flexibility and attention to the interests of individual students. I am convinced that it will work well and will help to keep the Yale School of Medicine in the position of leadership it has attained in recent years.

The Goals of Medical Education

An excerpt from the report of the ad hoc Committee to Reevaluate the Goals of Medical Education and their Implementation at Yale

1. A medical school must provide a body of knowledge about man and his development without which the title Doctor of Medicine cannot properly be assumed. It should embrace (a) an understanding of the scientific method, (b) the essential knowledge of functioning cells, tissues, and organs and the deviations in disease in living human beings from conception to death, (c) a basic understanding of psychological development and reactions and psychological factors in disease, (d) a comprehension of social, environmental, and genetic factors which determine or affect disease processes, and (e) a knowledge of diagnosis and treatment of the most important diseases.

   It is important that there be unassigned time for the thought, play, and general education necessary for the development of the student as a mature human being.
2. A medical school and its associated hospitals must provide opportunities for education in depth, in both general and specialized areas of medicine, according to the interests of the student. This means the provision of elective programs of appropriate scope, at undergraduate and graduate levels, concerned not only with the transmission of existing knowledge but with the development of new knowledge.
3. A medical school must select students with a strong interest in human welfare and must inspire them, as they work with patients, to develop the special intellectual and moral qualities which such an interest connotes. It must also stimulate a full appreciation of the biological, social, and other sciences as the basis of clinical medicine. At the same time, it must provide students who possess an interest in investigation, together with the requisite intellectual capacity and imagination, with an opportunity to secure the high degree of competence now needed in research.
4. A great medical school has as its primary objective the development of excellent physicians, from among whom will come teachers, investigators, and superior practitioners. The extent to which it is successful in producing scholars in medicine will contribute to its success in the development of all three. Such a school must (a) possess stimulating teachers who are themselves imaginative investigators, (b) have a close association with other university departments concerned with the biological, physical, and social sciences relevant to medicine, (c) provide the student the opportunity of participating in the care of patients under the direction of a devoted clinical staff, and (d) make provision for extending educational opportunities for an additional period of years at a predoctoral level with special emphasis on mathematics, biophysics, and biochemistry, or alternatively on epidemiology or the social sciences, making possible the acquisition of both M.D. and Ph.D. degrees. We believe that the preparation of a thesis of high quality, based on original investigation, should continue to be required for either the M.D. or Ph. D. degree.
5. The education of medical students is to be regarded as but the first phase in the professional development of persons who will spend an extended time in specialized post-doctoral preparation for one or more of the three major medical roles.

From Your Alumni President

In late October the executive committee of the Association of Yale Alumni in Medicine met coincident with the University-wide Alumni Convocation. In addition to the officers and members of the executive committee present, we were favored with the presence of representatives from the Student Council, the senior class, and the house staff; they were Robert Kirkwood, James Dowaliby, and Dr. John Fenn, chief resident in surgery. Various reports were made to the meeting, and there was consideration of plans for the Medical Alumni Day which will take place this year on June 10th. These plans promise an educational, as well as interesting, program for all alumni.

Of particular importance to the School of Medicine, and thus also to the Association of Yale Alumni in Medicine, was the recently distributed report of the Yale Medical School Alumni Fund. Though there has been wide circulation of this report, certain highlights are worthy of note. The 1965-66 annual giving campaign netted $11,000 more than the previous year. It was the swan song for Dr. Conrad Lam ('32), chairman of the Medical School Alumni Fund from 1963 to 1966. Under his leadership the campaign has flourished. He took over from Dr. Russell Scobie ('29), previous chairman of the Fund, who set the pace for this growth.

Sharing in the leadership were Dr. Guido DeBlasio ('37), vice chairman for regions, and Dr. Franklin Foote ('33), vice chairman of public health. Dr. William F. Flynn ('33) was chairman of the parents' committee. All alumni are, indeed, indebted to these men and to the many who worked with them to make the Fund a growing success. Particular note should be made of the bequests, which this year made up a good portion of the $11,000 increase. Under the leadership of Dr. J. Roswell Gallagher ('30), bequests or special gifts totalling $8,200 were added to the endowment of the Fund. We are very grateful to Dr. Gallagher for his efforts and hope that additional alumni will consider providing in their wills for the perpetual support of the School.

Special mention should be made of the various classes which excelled. The class of 1946, under the leadership of Dr. Julian Sachs, led the list in the amount given; and the class of 1954 led with the largest percent participation. Under the leadership of Dr. John K. Rose, the class of 1954 has led in percent participation every year since 1957, a ten year record of which we are all mightily proud.

As far as regions are concerned, the Michigan region, headed by Dr. Ellis Van Slyck ('47), again established the remarkable record of 100 percent participation for the fifth consecutive year. The New Haven region for the classes of 1930 to 1939 has also achieved 100 percent participation under the chairmanship of Dr. Paul Lavietes ('30). Other impressive regional records were New Haven 1940 to 1949, 97 percent and New Haven 1956 to 1959, 95 percent. These two regions were chaired by Dr. Charles Cheney ('41) and Dr. Harry Briggs ('57). These records could not have been achieved without the cooperation of all alumni, but we are particularly indebted to the leadership mentioned above.

You will note that our alumni bulletin *Yale Medicine* includes articles on the activities of the Department of Epidemiology and Public Health and news items about Public Health alumni. This is in keeping with the editorial policy of a broad reflection of all activities in the Yale medical community.

Plans for the immediate future include participation in the National Yale Alumni Day in St. Louis by your president and Dean Vernon Lippard on January 20 and 21. All alumni in the St. Louis area are urged to look for a notice and to attend this event. Various other regional meetings are planned for the future. The Medical Alumni Day on June 10th will be the major event of the coming year — plan now to attend.

Lawrence K. Pickett

Lawrence K. Pickett, M. D.
President
Association of Yale Alumni in Medicine

Two Years in Nepal: Reflections Beyond Kathmandu

by Stephen C. Joseph, M.D.

Dr. Joseph, Yale medical class of 1963, served with the United States Public Health Service as a Peace Corps physician in Nepal from 1964 to 1966. He is now an assistant resident at Children's Hospital Medical Center in Boston, where he had previously interned. He plans to pursue a career in international health after training in pediatrics and public health.

To one who had come of medical age in the sheltered environment of American academic medicine, a two-year tour as the Peace Corps physician in Nepal provided a continual series of problems, all the more tempting for their seeming insolubility. At one level was the task of providing medical care (preventive, diagnostic, and curative) to some 150 Peace Corps Volunteers scattered over a near-roadless country of 50,000

Rice terraces framed against the Himalayas

square miles, where travel time is measured by days on foot or minutes by helicopter, and communication time by 48 hour-old garbled wireless messages.

It was, in essence, a general practice in a "tropical-medicine" setting, with g.i. problems leading the list (bacterial and viral diarrheas, amebic dysentery, round-worm, hook worm, whipworm, Giardiasis, and functional syndromes) followed by minor and major psychiatric problems, and then the usual run of respiratory and skin infections, g.u. problems, minor and occasionally major trauma, and a smattering of malaria, or diagnostic puzzles. There was also a constant round of routine physicals and immunizations, and much time spent in administering and planning the medical aspects of current and future Peace Corps programs.

All this was set against a background of patients in isolated rural settings, with only minimal transport and communication facilities. Many routine visits were made by long (8-10 day) treks on foot through the hills; this gave bonus opportunities to get to know the country well and practice a little "bush medicine" along the way.

The lack of sophisticated laboratory facilities, even in Kathmandu, the capital city in which the Peace Corps offices are located, paid a dividend in forcing one to depend on his own clinical acumen, ingenuity and, at times, imagination. Many incidents of medical and logistic complexity, such as emergency helicopter evacuations, or the differential diagnosis of acute appendicitis by wireless, make interesting and sometimes amusing personal narrative.

But there were other significant lessons to be learned by working with and observing the medical problems of a developing country itself; areas of observation and action in which I feel much less satisfaction in a job done, but which have opened inquiries that compel me to pursue them. Some of these I would like to set down here.

The Kingdom of Nepal lies along the interface that the Himalayas form between Tibet and the Indian subcontinent. The southern layer of Nepal's elongated rectangle is the hot, humid Terai, an extension of the sea-level Gangetic Plains into thick forest. Medically, this area presents a tropical disease spectrum including malaria, leprosy, filariasis, kala-azar, and cholera, as well as more prosaic entities. The middle layer of the country, often called "the Hills", consists of narrow valleys lying between steep ridges at elevations of from two to eight thousand feet, connected only by foot-trails and a rare air strip. Any attempt to describe the medical problems of this area without direct reference to economic and social dilemmas would be fallacious: the lack of roads and communications aggravates the illiteracy, the bare-subsistence agriculture, the periodic local food shortages, and the resistance to technological improvement that drives up the infant mortality, the morbidity from TB, dysentery and other infections that in turn make it difficult to attain economic and social progress.

The remote northern, sparsely inhabited, regions include the Himalayas and their adjacent ridges. Here one can find widespread iodine deficiency goiter, echinococcosis, the ubiquitous tubercle or, should one be more esoteric minded, frostbite or pulmonary edema in Western mountaineers.

The inhabitants of this patchwork land are as diverse as their geography. Descendants of people from the Indian plains, migrants of Tibetan stock, and multiple distinct tribal groups of unclear origin are scattered about and intermixed. In many areas of the country the national language, Nepali, is barely spoken, although

Beggar woman and child before the Buddhist shrine, Bodnath, Kathmandu Valley

the government is making headway in its attempt to use Nepali as a unifying medium. Nepal styles itself "the world's only Hindu kingdom", but there are Buddhists, Muslims, and animists of various types in the country.

Nepal's monarch, King Mahendra Bir Bikram Shah Dev, is attempting to consolidate a national unity out of all these diverse factors. He is hampered by the state of transport and communications, the lack of trained manpower, the resistance to change of a conservative, traditional society, and by the perils of being a small nation squeezed geographically and politically between two powerful countries. Without attempting even superficial analysis of Nepal's political situation, it is obvious that any concern with the medical problems and the development of health services in the country must take into account the demands and restrictions imposed by internal and international political considerations.

Reliable demographic and epidemiologic data for Nepal are almost totally lacking. The population of between nine and ten million has not been suitably defined as to life expectancy, morbidity and mortality statistics, or disease prevalence data. Although this will be of little satisfaction to purists, I have seen enough malnutrition, enough deaths from summer diarrhea and tuberculous meningitis, enough scars of smallpox; heard enough early-morning coughing; felt enough enlarged spleens; and seen enough "young" women worn out prematurely by field labor and repetitive childbearing, to know that Nepal is a country in which the balance against man's technological and economic progress is weighted heavily by acute and chronic disease.

There is, of course, a medical structure arrayed against this picture. First, there is a whole system of preventive and curative medicine based on religious or magical procedures. Contraception practices, cures of disease by incantation and herbal remedies, and prevention by both magical and pharmacologic methods, all may actually contain therapeutic elements. Second, there are Ayurvedic and other non-Western medical practitioners. Third, and most important for the future of medical care in Nepal, are the government health services. The Ministry of Health oversees the distribution of physicians, nurses, para-medical workers, drugs, and medical facilities. At present there are, on paper, some 200 Nepali physicians, less than 100 nurses, and approximately 75 hospitals and dispensaries. These estimates are necessarily vague because of shifts in personnel to new locations for service, or for further training, and because of discontinuities in the actual operation of the smaller facilities. Further, the gap between the mark on the paper and the flesh-and-blood physician actually working in a mud-brick building at the corresponding geographic location is often a wide one. The "hospital" or "dispensary" may often be no more than an empty building, without any of the material appurtenances we Westerners would consider necessary, staffed by a struggling physician – alone without technical assistants, lab, or even a basic pharmacy.

Most Nepali physicians have received their medical education in India (there are no medical schools in Nepal); many have further training in the United Kingdom, the United States, or elsewhere. The great majority of physicians, especially those with specialized training, want to practice in the capital city of Kathmandu; how to staff the outlying areas with qualified physicians is a major problem faced by the Health Ministry. Lest one be too quickly critical of this problem, which is the "capital city syndrome" faced by most developing nations, he need only put himself in the place of a young Nepali trained in pediatrics in a British academic setting, asked to go to a rural village in the hills where he will have no running water, no electricity, no communication with medical colleagues, no adequate pharmacy, no x-rays or lab facilities, no referral possibilities for specialized consultations, and slim hope of advancement. And, lest we be too smug, consider the physician density in the United States in urban, as opposed to rural, areas. In general, the Nepali physicians are well trained, sometimes over-trained, for the facilities that are available. The lack of facilities of all kinds and the weight of the patient load combine to pressure against what would be considered disciplined standards of medical care in the West.

Several missionary groups and other foreign organizations have medical facilities in Nepal. Although these hospitals and dispensaries give excellent care and provide services far more sophisticated than any indigenous medical facilities, I think a major criticism may justifiably be leveled at them. They have made little impact upon the brand of medicine practiced *by* Nepalis (sometimes, it is true, because there is no one else practicing medicine in their area) and they have made few, if any, attempts to become a significant factor in training Nepali workers. I would hesitate to criticize the lack of preventive or health education services offered by these groups: the problems involved here are tremendous, and some valiant efforts have been made. But more serious, because more approachable, has been the failure to think of what will be left behind to grow out of their work when they are gone. However, the tremendous amount of individual suffering that is alleviated by the

Sherpa boy near Pyangboche

skill and good will of these groups must not be underrated.

Finally, there are the voluntary agencies and the international or national foreign assistance organizations. The World Health Organization and agencies of several governments, including our own, have programs that directly and indirectly support the health structure of Nepal. Smallpox and cholera vaccination programs, malaria eradication, food distribution, health surveys, hospital construction, nurse and para-medical training — these and other programs are areas in which the Nepalese government is receiving aid from foreign sources. In addition, assistance in agriculture, primary education, and local community organization all have obvious implications for raising standards of health. The issue of the urgency of population control and/or the possibilities of implementing such control has recently become an area of active consideration. Again, the gap between the formulation on paper of medical or public health programs, and the actual delivery of services, or the gathering of reliable data, is often widened by the insufficiency of trained manpower and material, economic or political considerations, and, quite important, by the barriers to effective cross-cultural communications.

I want to make this issue of cross-cultural communication a central one in this argument. Above are presented several groups of factors that bear upon the medical problems in Nepal, and the difficulties of providing services to deal with these problems. And yet I think it can be argued that the external factors are perhaps less significant in the long run than certain culturally determined variables. For example, if the critical factors in eradicating smallpox in Nepal were solely related to the difficulties of acquiring, transporting, and distributing vaccine to X number of villages in Y period of time, smallpox eradication would be relatively easily handled given enough foreign exchange and skilled manpower. But my two years in Nepal impressed me with the fact that the really critical variables are likely to be quite different types of things, perhaps best expressed as the traditional "glue" that binds the material framework of a culture together. One needs, I think, to understand quite thoroughly all sorts of elusive bits of information about a given society — religion, folk beliefs, language, local history and politics, community institutions, and power structure, to name a few — before one can hope to mount a truly successful development assistance program of any type. This is as critical at the more sophisticated end of things in the central government ministry as it is at the other end of the line,

where one actually hopes to get the illiterate peasant to utilize the programs that are available.

For example, in thinking about a conception control program for Nepal which would use the IUCD as its mainstay, is it necessary to have female physicians to staff the clinics? If so, can the society find, in a short period of time, a pool of women with the necessary basic training? Will Hindus of all castes accept or seek such services? Does the Health Ministry have adequate ability to measure (before, during, and after implementation of the program) what its program is actually achieving? Questions such as these cannot be answered by anyone, Nepalis included, without understanding and controlling a host of variables such as those mentioned above.

I hesitate to jump into the quagmire argument of the "economist versus the physician" on the basis of so short an experience in so unique a country (surely most of the so called "developing" nations have more at least of the visible machinery of modernization in terms of roads, bridges, and motors and ministers of various descriptions). Yet, again and again, the questions recurred both in my mind and in talks with friends on various aspects of international assistance work: "Why expend part of limited funds and personnel in health fields when there are 'more basic' pressing needs in agriculture and education? Doesn't purposely altering the life expectancy actually work against what you are trying to accomplish in the short run? Is it 'too early' to put much emphasis on improvement of health as opposed to building roads and schools?" An emotionally emphatic "no" is easy for the physician to answer to all these questions; a rational defense is more difficult, but, I think, still possible. First, there is the contention that development assistance cannot be logically cut up into pieces like a pie — to do so is to attempt to "aid" a society by twisting and distorting it around the edges, without taking thought of its inherent shape and content. The best one can hope for with such a system is to end up with a sort of Rube Goldberg machine, with schools hanging off one corner, industrial programs balanced off another, and so on, the whole contraption driven by a rusty spring called "economic planning" and the squeaks and jolts provided by the culture's traditional values, warped out of tune by the stresses of a "modernization" that fails to take account of them as basic to the culture's integrity and viability.

Instead, I would submit that developmental assistance needs to be bound to two points. First is required a working knowledge of, and respect for, that "cultural glue" that gives each society its uniqueness. Second, programs must attempt to fit all parameters of assistance (in agriculture, education, technical training, public health, and so on) if they are to be acceptable and coherent parts of that society's particular structure and if each segment of the program is logically to complement all other segments. Health services of all kinds are important aspects of both these points. All societies give high priority to their own means of sustaining personal and community health and preventing and curing disease. The probability is great that health services, if presented in a culturally acceptable form, would be quickly accepted and integrated into a society. Further, the returns in terms of human productivity available to be cranked back in, to fulfill other parts of the development scheme, are large and rapidly available, and the readiness of a traditional society to adopt other aspects of change is accelerated by the tangible improvements in health that people can see around them.

Obviously it is far from being as simple as all that. Frustrating problems of emphasis and timing abound. Unexpected results of interference, such as a rapid drop in infant mortality without commensurate rise in agricultural production or school construction, can bring havoc. Our lack of mastery of the fundamental variable, control of population growth, is notable. But health services (education, public health measures, curative-diagnostic services) must be seen as an integral part of the development picture. It must also be emphasized that people involved in providing health services cannot function efficiently in an isolated sector, cut off from the programs in other areas that have direct consequences for their work. In Nepal, for example, the upgrading of agricultural production and distribution, or the rise in basic literacy probably have more impact, in both long and short run, on the "health" status of Nepalis than does a hospital construction program or even smallpox eradication. At the same time, effective malaria control would have an enormous return in terms of human efficiency and agricultural production. Health workers need to be aware of the para-medical and even extra-medical areas of medical care in its broadest sense, and be alert to utilize the opportunities presented.

Nepal faces geographic barriers that have not yet been broken by modern systems of transport and communication, with the consequent slow penetrance of desire for technological change, and the lack of ability to implement it. Programs such as "upgrading health services" by extending the numbers and distribution of medical facilities and personnel would probably have little chance of success at this point, unless tied closely, by more than lip service, to educative and preventive functions as well

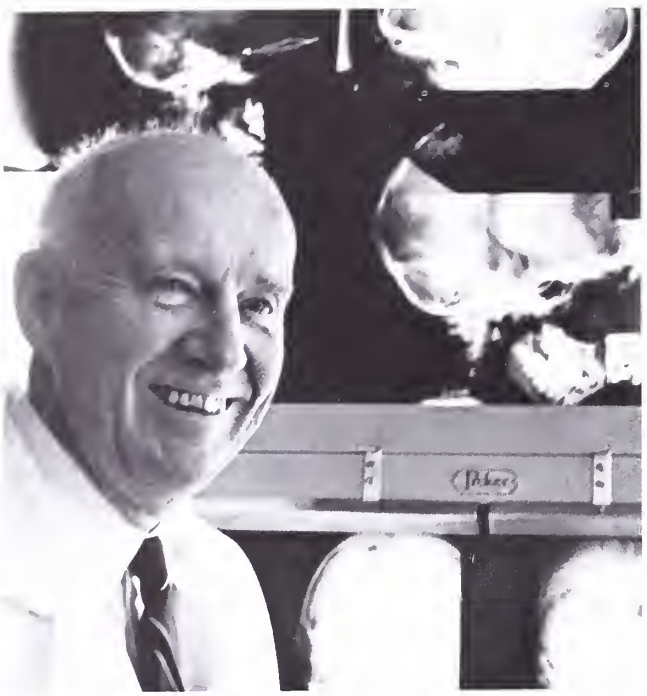
as to "non-medical" program areas. Above all, efforts must be made both to study problems and provide services in an atmosphere that is understandable and acceptable to the population involved.

Can this type of integrated and culturally acceptable program be implemented in Nepal, or anywhere else? Remembering the beauty of the country, the grace and courage of its inhabitants, and the way in which a culture adapts itself to an extremely difficult set of environmental circumstances, one can only hope that efforts to improve material standards will harmonize with, rather than destroy, traditional values.

The helicopter olwoys drows o crowd, most of whom have never seen o wheeled vehicle

The Mind Confronts the Mind

Faculty Profile: *William John German, M.D.*, Professor of Neurosurgery



"The mind is capable of cultivation over the major part of life's span . . . We who are dealing each day with that wonderful gift known as the human nervous system have an exceptional opportunity to cultivate our own minds by constantly increasing our knowledge of that most complicated system. The natural evolution of this process is to find the mind confronting the subject of the mind . . ."

The year was 1959. Dr. German was speaking at the eighth annual meeting of the Congress of Neurological Surgeons, of which he was the Honored Guest. His comment above was addressed particularly to the young residents attending their first meeting of the Congress.

Five years later, in 1964, Dr. German underwent a craniotomy — with local anesthesia — to correct a subdural hematoma. Describing the experience afterwards, he wrote: "The left high temporal incision was accomplished and the retractor expanded with a sensation of painless stretching. The perforator and burr were felt only as pressure and mild vibration . . . The dural opening was painless, its localization vague.

"With the intracranial mischief extruding itself, the patient was suddenly overwhelmed with an urge to communicate . . . Like the captain of a stricken ship, he issued orders from his enclosed bridge position. Left frontal and right temporal burr holes were requested before the aphasia returned. Even in the dark silence there was a feeling of exhilaration, recognized as the product of adrenal cortical stimulation . . ."

It was a questionable privilege, Dr. German admits, to confront his own brain in a surgical procedure. But as a practitioner, teacher, and life-long student, he would not forego the opportunity to increase his knowledge of the nervous system — and the sum of man's knowledge — by an entirely new dimension.

The senior member of the active medical faculty at Yale, Dr. German has been adding to the sum of man's knowledge for 45 years. Working for his master's degree at the University of California in the early 1920's, he became the first person west of the Rockies to extract insulin. "It was at the time when Banting and Best were making their great breakthrough at Toronto," he recalls, "but communication was slow in those days and they were always a step ahead of me, as I found out each time they published a paper." Later at Harvard Medical School he and a fellow-student, Joseph Barr, the late professor of orthopedics at Harvard, achieved significant research results in measuring pancreatic action currents and studying capillary circulation in the lung.

Dr. German's most important research contributions, however, have been on the surgery of the nervous system. Working at Yale with Dr. Samuel P. W. Black, now head of neurosurgery at the University of Missouri, he developed a method of producing aneurysms in experimental animals and followed this with various studies upon intraaneurysmal hemodynamics. He has added much to the understanding of brain tumors and, in collaboration with Dr. Lycurgus M. Davey, assistant clinical professor of neurosurgery, has helped to elucidate the vestibular system. In addition, out of a keen interest in the history of neurosurgery he has contributed historical background on topics ranging from the origins of the Harvey Cushing Society – he was among its founders in 1932 and later served as president of the Society — to the life and times of Prosper Ménière of the eponymic disease.

Unlike many of his colleagues at Yale, Dr. German considers research of tertiary importance in his medical career. Whether it is despite or because of his deep understanding of the human nervous system, he is primarily concerned with people, "the whole person" be he patient or student. "I have always practiced, and I think of myself as a practitioner of neurosurgery first, and as a teacher second."

He believes that practice and teaching are inextricably related. "In a medical school we must take responsibility

"Dr. Germon's Clinic", oil pointing by Deone Keller, wos presented to Yole in 1963 by o group of Dr. Germon's colleogues, friends, ond residents. Shown in the pointing (left to right) ore Dr. Lycurgus Dovey, Dr. Benjomin Whitcomb, Dr. Germon, Dr. Stevenson Flonigon, Elsie McIntyre, Dr. John Germon, ond Dr. Soul Fronkel. The potient, o mon who wos operoted on by Dr. Germon neorly 30 yeors ogo, still visits the chief neurosurgeon regulorly for check-ups.

Ophtholmoscopic exominotion of young potient by Dr. Germon

for caring for sick people. If we don't, how can we teach others to do it? Even those whose main interest is research should have some patients.

"I think that many students want this point of view in their education. When we were making rounds the other day, we saw a patient on whom I had operated for a pituitary tumor 33 years ago, now in for her yearly check-up. The students, preoccupied with the present, were surprised that such an operation had been performed before they were born."

He can name approximately 50 neurosurgeons around the country who have studied with him at Yale. In addition, he has introduced some 2000 medical students to the surgery of the nervous system.

Although he has been associated with several government-sponsored research projects, he is against federal support of experimental research as a matter of principle. "We are living in an age of grantsmanship," he says. "Aside from the fact that there is often great waste involved, federal grant money represents power — power that can be used to control a department or school. I hope this will not happen here."

Dr. German's interest in medicine began in the unlikely setting of Hollywood, California. Born in McKeesport, Pennsylvania, October 28, 1899, he had moved with his family to the West Coast when he was ten. Cowboys and horses dominated the budding movie capital then, and young Bill German and his friends made the studio lots their playgrounds.

From Hollywood the family moved to Santa Monica where Dr. German finished high school and went on to Berkeley, then the only campus of the University of California. Following his graduation, he remained at Berkeley to earn his M.A. degree in physiology in 1923, at the same time completing his first year of medical school there.

When he transferred to Harvard Medical School, he knew he wanted to become a surgeon. His choice of neurosurgery was guided largely by his teacher, Dr. Harvey Cushing, who was to have a profound influence on his career. Many years later Dr. German wrote: "Master technician, intense student, accomplished author, scholarly historian, artist, athlete, Cushing could have excelled in any field. How fortunate for us that he chose neurosurgery!" After Dr. Cushing's death in 1939 the records of his patients were made available to Dr. German for study and follow-up of their neurological conditions, an informal survey that Dr. German continues today.

When the two men first met at Harvard, Cushing was working on his Pulitzer prize-winning biography of Sir William Osler. "I remember one evening when he invited Joe Barr and me out to his house for dinner," Dr. German relates. "It was still quite early when he said, 'Well, you boys probably want to go home now to get your studying done.' What he meant, of course, was that he wanted to get back to his Osler manuscript."

In 1926 Harvard awarded Dr. German the M.D. degree *magna cum laude*. He interned, with Dr. Barr as his "running mate", at Peter Bent Brigham Hospital which under Dr. Cushing had become the world center for neurosurgery. In 1927 Dr. German accepted a Rockefeller fellowship in plastic surgery at Johns Hopkins School of Medicine. It was the only surgical fellowship available there at the time, and Dr. Cushing urged him to accept it, mainly for the experience of being at Hopkins.

The group that gathered at Yale to honor Dr. Harvey Cushing (left) on his 70th birthday in April, 1939, included Dr. Louise Eisenhardt, research associate in pathology; Dr. John F. Fulton, Sterling Professor of Physiology; and Dr. German (right).

En route to Baltimore, Dr. German stopped in New Haven — again at the suggestion of Dr. Cushing — to visit the Yale School of Medicine. "I liked the school very much and I asked the professor of surgery, Dr. Samuel C. Harvey, to consider me for a job. I met Dr. Harvey in his office (now the barber shop, incidentally) and I noticed that he was wearing knickers. When he called in a member of his department to show me around, I saw that he too had on knickers. It became apparent to me that there was one accepted style of dress in the Department of Surgery at Yale in 1927, and when I came back the following spring as an assistant resident I also wore knickers."

In his second year at Yale, Dr. German held the

William Harvey Cushing Fellowship, named for Dr. Cushing's deceased son, in addition to serving as neurosurgical resident. He joined the faculty in 1930 as an instructor in surgery, was promoted to assistant professor in 1932, associate professor in 1938, and professor in 1948. In addition, he has been chief neurosurgeon of the New Haven Hospital since 1933.

During World War II he spent some time in general surgery as well as neurosurgery. As a surgeon in the United States Navy he held the rank of commander and completed his tour of active duty as chief of surgery at the U.S. Naval Hospital, Aiea Heights, Oahu, Hawaii. After the war he continued his interest in the Navy, serving as officer-in-charge of the Naval Reserve Medical Company at New Haven and commandant's representative at the Yale School of Medicine. He retired

On Naval duty in Hawaii in 1946, Dr. German (right) was stationed with a Connecticut colleague, Dr. John C. White of New Britain.

from the Reserve in 1959 with the rank of captain.

Dr. German was married in 1933 to Helen Whipple, Dr. Cushing's operating room nurse. "Our wedding trip was a two-month cruise in the Mediterranean, the closest I ever came to taking a sabbatical," he reports. Helen German died in 1943, leaving her husband with two young sons, William and John. Both boys later followed in the Naval wake of their father, and John, a Yale medical graduate (class of 1962), is now in the neurosurgical residency at the Yale-New Haven Hospital. William H. German, a forester with the United States Forest Service in northern California, is married to the former Jean Porter and has two children. Dr. John German and his wife, the former Carole Sleght, will present the family with another grandchild this winter.

In 1947 Dr. German was married to Dorothea Fisher of New Haven. They live in Woodbridge with their two children, Andrew, 17, and Martha, 15. For the past several years during the children's school spring vacation the family has gone to Virginia for Garden Week. "It's always a wonderful trip for us all," Dr. German says. "My wife and daughter enjoy seeing the houses and gardens, and Andy, who's a fairly ardent antiquarian, retraces events of the Civil War." On these trips Dr. German combines an interest in gardens and history with a lecture or two at the Portsmouth Naval Hospital.

In reviewing his 38 years with the medical school, Dr. German says that one of his most satisfying accomplishments was being able to persuade Dr. Stevenson Flanigan, his present associate, to leave a successful neurosurgical practice in York, Pennsylvania, to return to Yale, where he now holds the title of associate professor. "Excellent surgical technician, mature of judgment, popular with his fellow workers, he has been my best right arm and absolute complement in the affairs of the neurosurgical division. If the gift were in my power, he would succeed me as chief when I retire."

Dr. German continues to take an active role in many professional organizations, including the Society of Neurological Surgeons of which he was the president in 1956, and the New England Surgical Society, whose vice-presidency he held in 1958. He is currently president-elect of the New Haven Medical Association, a group in which he has a strong interest, believing that much can be done to improve relations between town and gown in community medical affairs.

His designation as Honored Guest of the Congress of Neurological Surgeons was a mark of international acclaim: one designee is chosen each year from among neurosurgeons throughout the world. At the 1959 Congress, he was introduced by his friend and colleague, Dr. Lycurgus M. Davey, who said, in part: "Through his influence upon a generation of medical students and a host of graduate students extending in numbers far beyond his own residents, Dr. German has fulfilled the destiny of his gift and has attained a unique position as an outstanding teacher of neurosurgery . . . His standing as a teacher stems, perhaps, from his never having ceased to be himself a student."

The most recent manifestation of this characteristic is Dr. German's study of computers. On Tuesday and Thursday afternoons since September he has been traveling across town to audit a lecture series at the Yale Computer Education Center. "Most of the people

attending are quite young. There are just a few of us gray and bald heads. I'm there because I want to find out whether the way a computer operates has similarities to the way the brain operates."

Mechanized data processing is not new to Dr. German. Back in 1956, he and Dr. Saul A. Frankel, assistant clinical professor of neurosurgery, pioneered in a computation study of 219 cases of glioblastoma, using punch cards and a sorting device to define correlations for microscopic pathology, symptomatology, effects of radiation, postoperative survival, and other factors.

This year he is taking part in a new study involving computer application. The purpose of the project, in which the principal investigator is Dr. Robcliff V. Jones, associate professor of physical medicine and rehabilitation, is to analyze what happens in the mechanics of the lower spine during various movements. The basic data is obtained through fluoroscopic cinematography of spinal movements. By programming this information for analysis by a computer, the investigators hope to determine how any particular movement of any component of the lower spine affects the movement of every other component.

"There are exciting possibilities in the use of the computer as a tool for medical investigation," Dr. German points out. "It's greatest advantage, of course, is speed. When you consider that it operates, theoretically, at the speed of light — disregarding certain inherent delays like the time it takes to develop an electrical charge — while the speed of nerve conduction is about 180 feet per second, you realize that the computer can work about five million times faster than the brain.

"But the computer is helpless on its own. It has to be programmed. That's where I think it differs essentially from the brain. The computer might sit for hours, or years, with its current turned on and never learn a thing unless it were talked to in a way it understands — that is, by receiving properly coded cards. I use the word 'understands' analogously; it is quite different, I think, from the way the brain understands.

"In the programming of a computer, relationships are built into its basic language. In any one operation it chooses between only two alternatives — yes or no, on or *off*, one or zero. If it cannot make a choice, if it replies 'no answer possible,' there must have been an error in the way it was programmed.

"It would be hard to set a limit on the number of alternatives among which the brain can choose. In general, it first perceives fact; then, perceiving several facts, it perceives relationships. It is the curiosity of the individual, the desire to investigate the relationships of facts, that produces knowledge.

"The computer exhibits some interesting parallels," Dr. German says, adding with a smile, "but I doubt that it will ever replace the brain."

Planning a family trip to Virginia, Dr. and Mrs. German map the itinerary with Andrew and Martha.

The Eagle Stone: An Obstetrical Amulet

by Thomas R. Forbes, Ph.D.

Dr. Forbes, professor of anatomy and associate dean, is the author of The Midwife and the Witch, *from which the following selection is taken. The book, published last October by the Yale University Press, deals in large part with the rich folklore produced by the mysteries of pregnancy and childbirth and with the role of the early midwife. Dr. Forbes' account is fully documented from more than 900 books, journals, and manuscripts, largely British and Western European. Since many of the sources are scattered and obscure, the bibliography included in the book is particularly valuable to the reader who wishes to explore further. In the selection reprinted here, most of the bibliographic references have been deleted. Dr. Forbes notes his particular indebtedness to the authors of two studies on the eagle stone, A. A. Barb and C. H. Bromehead.*

The two chief lapidary authorities of the Middle Ages, St. Isidore, Bishop of Seville in the seventh century, and Marbode, Bishop of Rennes from 1067 to 1081, had much to say about the curative and protective powers of gems and other stones. The reasons for ascribing such virtues to these objects are not entirely clear, but it is likely that the custom of wearing or holding an amulet during pregnancy and childbirth is almost as ancient as the need for comfort and reassurance.

The *aetites* or eagle stone was perhaps the best-known obstetrical lapidary amulet. Although not a gem, it was prized for a supposed efficacy not only in preventing abortion and easing childbirth but also in detecting thieves and poison and in treating epilepsy. The stone, in a sense, is "pregnant," for it is hollow and contains a pebble, sand, or other material, so that the aetites may rattle when it is shaken. The stone has been known since the days of the Assyrians. Bromehead points out that there are at least a hundred references to the aetites between Dioscorides' manuscript in the first century A.D. and Quincy's *Pharmacopoeia* in the eighteenth (1718). The "gem of parturient women," as Theophrastus (371-287 B.C.) called it, apparently was a related but different stone.

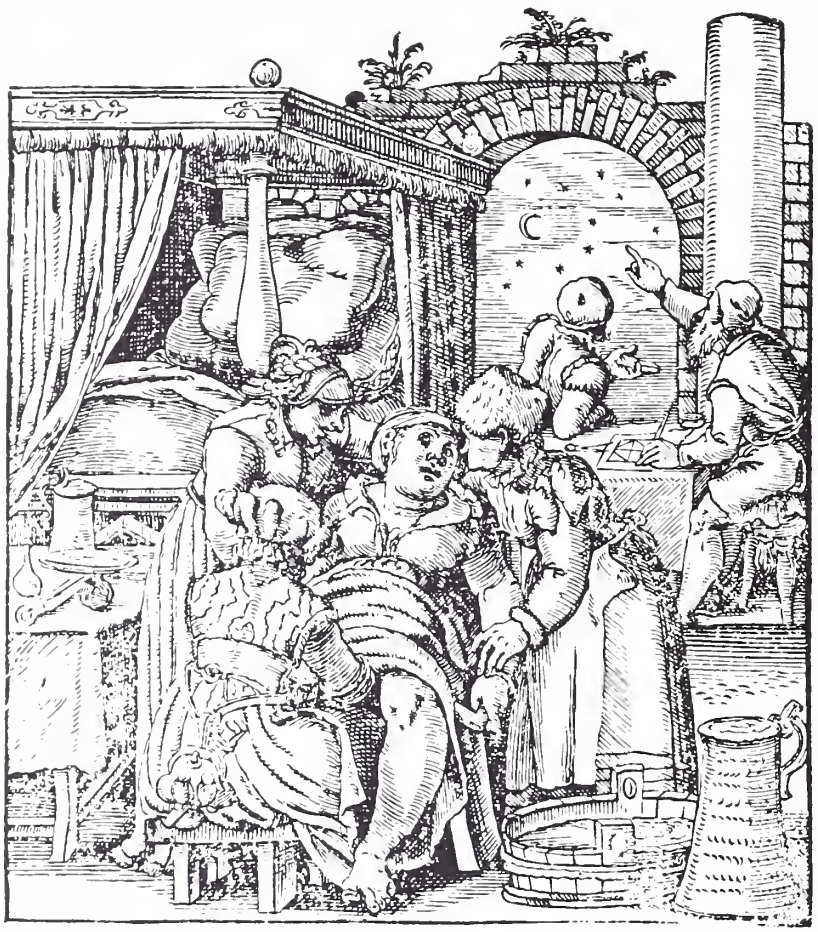
I confess to an early suspicion that the eagle stone was an imaginary object. However, one summer day in 1961 officials of the Department of Mineralogy at the Natural History Museum in London set my mind at rest when they kindly allowed me to examine a collection of eagle stones from Hungary, South Africa, Scotland, and China. Most of them were of limonite, or brown hematite, and were up to three inches in diameter. When shaken, they rattled very satisfactorily!

The aetites was said to be found in the eagle's nest. Pliny gave authority to this idea; he states that the stones are of both sexes and that a male and a female are always found together in the nest. Lucan (A.D. 39-65), the Roman poet, perhaps with his tongue in his cheek, referred to eagle stones which explode noisily when heated by the female bird's body. The male eagle (or vulture, in a variation of the legend) brought the aetites to his mate from India so that she could lay her eggs without discomfort. Thus Dioscorides, a Greek army surgeon who served under the Emperor Nero, a pseudo-Galenic manuscript, and other sources. Bishop Isidore was convinced that the young eagles could not escape from the eggs unless the stone were present. He, like Pliny, believed that there were masculine and feminine varieties. Bartholomew the Englishman, writing in 1539, discussed the stone at length. The aetites, added Conrad of Megenberg, also protected the eggs from the great bodily heat of the mother. Icelandic legend told how to obtain a *Lausnarsteinn* or *Lösestein*: one finds an eagle's nest and binds the beaks of the young. When the father returns and sees their predicament, he at once flies off, coming back with several stones of different colors. He touches one after another to the bound beaks; the one that frees them is the *Lösestein*. Such objects are now believed to be the dried fruit of the plant *Mimosa scandens*, washed up on the coast of Iceland.

Pliny described four varieties of aetites, coming from Africa (a female stone), Arabia (a male), Cyprus, and Taphiusa. He also mentioned the *cyitis*, which contains an embryo stone, and the *gassinade*, which conceives, as does the *gaeanis* or *paeanitis*. His ideas were repeated, sometimes with embellishments, for at least 1,600 years.

Bromehead has summarized various descriptions of the appearance of the eagle stone, beginning with that of Bishop Isidore. In addition to the authorities he lists, Agricola, Thomas Bartholin, and Bayer also give careful accounts, based mostly on Pliny. Conrad Gesner, writing in 1586, distinguished among the *geodes*, containing earth, the *aetites*, enclosing sand or a stone, and the *enhydros*, containing water. F. D. Adams, a modern scholar, says that the aetites is formed by successive concretions of various soluble materials around a nucleus. If the mass solidifies and some of the layers are subsequently redissolved, the central portion may be freed. The geodes contains free minerals.

Barb makes the important point that the "great majority of eagle-stones are iron oxides, either limonite ('brown' haematite) or haematite proper ('red' haematite)," and that the latter, in the ancient mind, checks bleeding "not only of wounds, but of menses also; it therefore helps conception and is a protection against



A delivery room scene from Jacob Rueff's De conceptu et generatione hominis, published in Frankfurt in 1580. The woman in labor grips the handles of the birth stool on which she sits, facing the midwife. Two assistants comfort and support the patient. On the table are string and scissors for tying and cutting the cord, and nearby is a tub of water for washing the baby. At the window an astrologer studies the relations of the planets so that he can cast the infant's horoscope. The bed is rather sumptuous, but the patient's well-separated great toe suggests that she seldom wears shoes and hence is a peasant.

miscarriage." Both Dioscorides and Plutarch believed that the aetites was useful in preventing abortion and facilitating delivery. By the time of these writers the idea had developed that the eagle stone actually attracted or pulled on the unborn child. Dioscorides directed that the stone be bound to the woman's left arm to prevent loss of the fetus but that at term the stone be removed from the arm and fastened to the hip. Plutarch explained, "the midwives place (the eagle stone) on the lower abdomen of women who are giving birth with difficulty, and they at once deliver without pain." In the sixth century Aetios of Amida confirmed this; when the aetites "is bound to the left arm it holds back the fetuses in slippery uteri. Truly at the time of birth it should be taken off the arm and tied to the thigh, and the pregnant woman will give birth without pain."

The obstetrical virtues of the eagle stone were extolled by that rather shadowy Latin grammarian of the third century, Julius Solinus:

> *The Aetite is both yellow and round of proportion, contayning another stone within it, which maketh a noyse when it is styrred, albeit that the cunningest jewellers say, it is not the little stone within it that maketh that tingling, but a spirite. This Aetite Zoroaster preferreth before all other stones, and attributeth very great vertue unto it. It is founde eyther in Egles nestes, or else on the shoares of the Ocean: but most of all, in Persia, Beeing worne about a woman wyth chylde, it preserveth her from deliverance before her time.*

The two lapidary-clerics already mentioned, Bishops Isidore and Marbode, gave similar advice, as did Trotula of Salerno and Albertus Magnus. Petrus Hispanus, a Portuguese physician who was probably also Pope John XXI in 1276-77, stated that the eagle stone can be found in the stomach or brain of that bird. Further embellishment appears in a work on the lapidary art by Sir John Mandeville, pseudonym of a thirteenth-century author of travel books. He said that the *pierre de l'Aigle* can be white, pale, or various shades of red, and added that it should be worn on the left side of the body. Sixteenth, seventeenth, and eighteenth-century writers, medical

and nonmedical, supported the use of the eagle stone in obstetrics. Conrad Gesner also recommended application of the aetites to speed delivery in animals, and J. L. Bausch in 1665 suggested, as did others, that it would cure sterility.

Dr. Bargrave, Dean of Christchurch, Canterbury, wrote in the seventeenth century about an eagle stone bought from an Armenian in Rome.

> *It is so useful that my wife can seldom keep it at home, and therefore she hath sewed the strings to the knitt purse in which the stone is, for the convenience of the tying it to the patient on occasion, and hath a box to put the purse and stone in. It wer fitt that either the Dean's (Canterbury) or vice-dean's wife (if they be marryed men) should have this stone in their custody for the public good as to neighbourhood; but still, that they have a great care into whose hand it be committed, and that the midwives have a care of it, so that it shall be the Cathedral's stone.*

On 4 February 1716 Sir Streynsham Master wrote to his daughter Anne, wife of the fourth Earl of Coventry:

> *Yesterday I delivered to your grandmother Legh (of Lyme) an eagle stone in an Indian silk bag, a paper sew'd upon it, No 21, and in it a paper wrote upon — "Eagle stones good to prevent miscarryages of women with child, to be worne about the neck and left off two or three weeks before the reckoning be out." I had another of them which was smooth, having been polished, which I believe was that which you wrote to your grandmother about. It was lent to Sir Francis Leycester's lady.*

In addition to these records left by laymen, there is testimony from physicians in favor of the aetites. Candidus Decembrius, as Lynn Thorndike has pointed out, said in 1498 that the stone had been used effectively in childbirth on many occasions in the city of Milan:

> *My uncle Marcantius, a skilled physician, obtained such a stone in the German Alps. I remember having seen it as a boy. He sought it with the greatest diligence in the nests of eagles.*

Another physician, Valleriola (1595), told of a patient from whom, owing to carelessness, a large eagle stone was not removed promptly after her delivery; after a few hours the uterus prolapsed, with a fatal result. A noblewoman, one of Lemnius' (1658) patients,

> *wore this at her neck all the time she went with child, and was in very good health, and when she was in labour forgot to take off this jewel from her breast, she found presently a difficulty in her labour, and that the child was slow to come forth. Wherefore taking off the Eagle-stone from her neck, and applying it to her thigh upon the inward part not far from the privities, she had an easy and quick delivery. . . By what vertue it doth this. . . I believe it doth it by an attractive vertue, as the Loadstone draws Iron; Jet, and Amber, draw straws and chaff.*

A London physician, Richard Andrews, wrote to an expectant mother, the Countess of Newcastle, on 10 May 1633 that "I have also sent you an eagle stone, which in the time of labour being tied about the thigh will make the labour easier." Mrs. Jane Sharp, the famous seventeenth-century English midwife, had, she said, "proved it to be true, that this stone hanged about a woman's neck, and so as to touch her skin, when she is with child, will preserve her safe from Abortion, and will cause her to be safe delivered when the time comes." Popular enthusiasm continued, and the aetites appears in relatively recent times in the folklore of England, Italy, Russia, Spain, Palestine, Austria, the Faroe Islands, France, and Switzerland, as well as in at least one book, Jean Paul's *Life of Quintus Fixlein*.

In addition to the notion that the aetites could protect against poison and was a useful remedy in epilepsy, there was a well-established belief that the stone could detect thieves. Dioscorides had stated that a thief could not swallow bread in which (powdered) eagle stone had been mixed. It remained for that shrewd and fascinating Neapolitan, Giovanni Battista della Porta, to explain the empirical basis for the test:

> *There is a stone called aetites. . . . Whoever crumbles it, and mixes it into unleavened bread, and offers the mixture to the thief, the latter is unable to swallow what he has chewed, wherefore the thief must decide whether to be choked or to be found out. . . . The real reason for this is that the (aetites) powder which is contained in it (the bread) is dry, so that the bread is made very dry, and pumice-like, and cannot be swallowed even with the greatest effort by him who has it in his throat. It happens that he who seeks to find the thief should say to the bystanders who are suspected to be thieves that he will perform a miracle, and he extols it vigorously, for then the throat of the man who has stolen is parched with terror and dismay, and thirst seizes him, until he in nowise can swallow the powdered bread, for it sticks to his throat, while if there is another without fear, he may swallow, although with difficulty.*

Thus the unleavened bread, no doubt made even more dry by the inclusion of powdered stone, functioned as a kind of lie detector. The modern polygraph similarly depends on certain physiological responses which are controlled by the emotions and the nervous system.

A fourteenth-century list of the treasured relics at Durham Castle included, among other strange objects, "Item, a tooth of Saint Margaret, Queen of the Scots, one eagle stone, hair of Saint Mary Magdalene." Some indication of the monetary value of the aetites has been recorded. In 1609 the stones sold for from one to twenty thalers (a German coin). A news item in an English paper reports that on 21 September 1642, 150 soldiers under a Captain Scriven plundered Master Rowland Bartlet's house at Castle Morton, Worcestershire, of £600 worth of linen, jewels, plate, and other treasures. "Amongst other things valuable both for raritie and use took a Cock Eagle stone for which thirtie pieces had been offered by a physician but were refused." Barb points out that Bausch's 1665 work on the aetites states that the current price of a single stone, with tax, in the Augsburg pharmacy was 16 to 24 *cruciatos*; in the Frankfurt pharmacy, 8 to 12 *albos*; at Freiburg-im-Breisgau, two *solidi*. A half ounce cost 12 *albi* at Mayence, 20 *albi* in Hesse, 7 *grossi* at Wittenberg, 10 *grossi* at Bremen. The *London Gazette* for 1-5 April 1686 carried the following advertisement:

> *An Eagle stone tied up in a piece of black ribbon with two long black strings at the end of it, lost the 29th inst. between Lincoln's Inn fields and the New Exchange. Whoever brings it to Mrs. Ellis in the New Exchange in the Strand shall have a Guinea reward.*

One is glad to discover that at least a few physicians and scholars questioned the eagle stone superstitions. Gesner seems to have accepted all of them except for the idea that the aetites is to be found in the eagle's nest. Sir Thomas Browne expressed his doubts about the stone in 1646, but he was not sure enough to take action: "we shall not discourage common practice by our question." Nehemiah Grew, cataloguer of the Museum of the Royal Society (1681), and Paul Ammann (1675) seem to have been skeptical. Robert Boyle, the British chemist and physicist, found it difficult to believe in the medical properties of jewels. In 1672 he wrote:

> *For not only some of the Writers of Natural Magick, but men of note, who should be more cautious and sober, have delivered in their Writings many things concerning Gems, which are so unfit to be credited, and some of them perhaps so impossible to be true, that I hope the Believers of them will among the Votaries to Philosophy be as great rarities, as Gems themselves are among Stones.*

Nevertheless, because eminent medical men had "inform'd me of very considerable effects of some Gems," Boyle decided that he would not "indiscriminately reject all the Medicinal Virtues, that Tradition and the Writers about pretious Stones have ascribed to those Noble Minerals." There were more doubters in the eighteenth century. Nevertheless, as late as 1887 one prominent French mineralogist is said to have received almost daily requests for eagle stones from pharmacists in Paris and the provinces.

Yale's Experimental Animals *by Ned Thomas*

Enjaying the beauties of nature? A billy goat at the Bethany Animal Care Facility seems to reach upward to smell the blossoms.

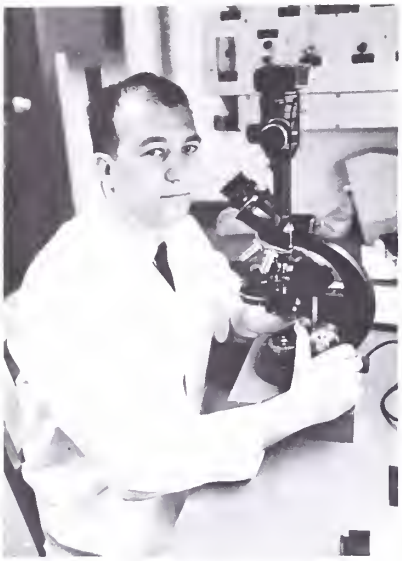
Mr. Thomas is a staff reporter on the New Haven Register who writes frequently about the Yale-New Haven Medical Center. In a recent feature story appearing in the Register with photographs by the author, Mr. Thomas described some of the important medical advances that have been achieved at Yale and elsewhere through animal experimentation. The following excerpt is reprinted, with slight revisions, by permission of the Register.

"Medical science would still be in the Dark Ages if researchers had not been permitted to experiment on animals." Author of the statement is Dr. Albert M. Jonas, director of the Division of Animal Care and assistant professor in the Department of Pathology.

Dr. Jonas, a former practicing veterinarian, is a diplomate of the American College of Veterinary Pathology and a specialist in laboratory animal medicine. He heads a staff of more than 50 trained persons including two other veterinarians, a virologist, highly skilled laboratory technicians, and animal husbandry personnel with specialized knowledge in handling and caring for the wide range of laboratory animals used in biological research at Yale.

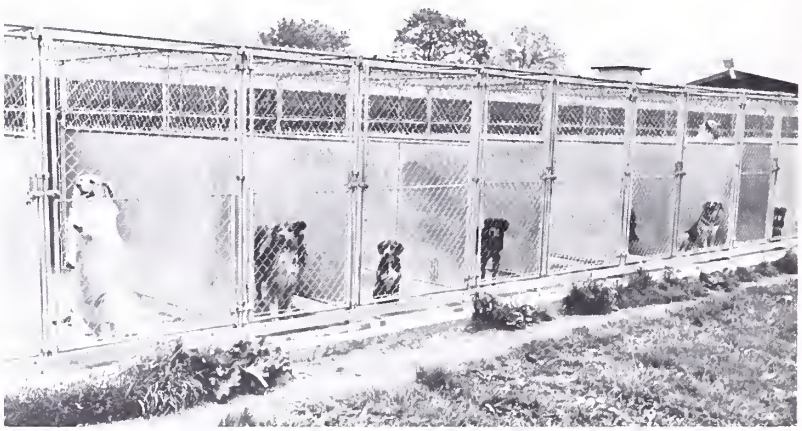
The specially designed facilities under Dr. Jonas's direction occupy an area of approximately 130,000 square feet, of which slightly more than two thirds is distributed in several buildings at the medical school. In addition to the Congress Animal Care Facility, there are now animal care units in the Laboratory of Clinical Investigation, the Laboratory of Epidemiology and Public Health, and Sterling Hall of Medicine. The Bethany Animal Care Facility, a 20-acre farm about eight miles from downtown New Haven, has recently been expanded by the acquisition of a second farm covering 50 acres.

An extensive program of preventive medicine is conducted in the division's rodent colonies, employing serological, microbiological, and histopathological screening methods. In addition, primates receive T.B. tests and chest X-rays and are screened for salmonella and shigella. Incoming dogs are quarantined, vaccinated, and debarked, and clinical pathological tests such as sedi-



Dr. Jonas heads the Division of Animal Care.

Technician services rodent cages in accordance with sanitary procedures.



Recently constructed dog runs at the Bethany facility.

mentation rate, hematocrit, smears for microfilaria, and fecal examination for intestinal parasites, are routinely performed.

Yale acquires its dogs — mostly mongrels — from dog pounds within the state. "We do not buy dogs from dealers, except for a limited number of pure bred dogs from recognized kennels, some of which are located out of state," Dr. Jonas says. He is convinced that none of these dogs have been kidnapped because of the reliability of his sources.

According to Connecticut law, it is mandatory for dog wardens to make available to the medical research institutions of the state the dogs they plan to dispose of. Thus, Yale has an option to purchase stray dogs at the time they would normally be killed, after their respective owners have failed to claim them and members of the community have not acted to adopt them.

Yale pays $4 to the city or township for each dog it obtains from them. The dog wardens do not benefit directly from the sale of the dogs. Their salaries remain constant regardless of the number of dogs sold to research institutions.

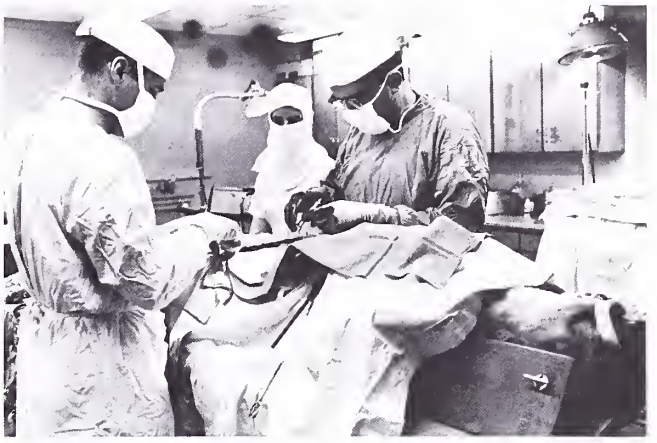
Since there are more dogs to choose from than Yale actually needs, the medical school is selective in choosing dogs for experimentation. They are chosen according to size, age, and physical condition. For the school's research purposes, dogs that range in age from six months to five years, and weigh between 30 and 35 pounds, are usually preferred.

When dogs arrive at the Bethany Animal Care Facility, they are divided into two groups: (1) acute and (2) chronic. These classifications are determined during physical examinations and laboratory tests on the dogs. Dogs classified as "chronic" are used for experiments

with survival potentialities, while those in the "acute" category are used for non-survival experiments. No dog is permitted to undergo double jeopardy at Yale; that is, it may not be used for multiple, unrelated surgical procedures.

Actually, dogs make up a very small percentage of the total animal population at Yale. On any one day, there may be as many as 50,000 animals in the colonies, but only between 250 and 300 dogs. The university purchases between 1,500 and 2,000 dogs a year.

In addition to dogs, Yale medical scientists experiment on cats, chickens, pigeons, frogs, rabbits, rats, mice, sheep, goats, guinea pigs, hamsters, and monkeys. Cats are used primarily for neuro-physiological experiments; rabbits are used for testing birth control pills, cancer research, and immunological experiments; guinea pigs, for cancer research, immunological research, and dermatology experiments; hamsters, for cancer research and study of gastrointestinal diseases; mice, for cancer research, isolation of viruses and a wide range of spontaneous diseases, which lend themselves to the study of comparative diseases in men; rats, for immunological research, surgical procedures, diseases of the kidneys, and drug evaluation.



Perfecting techniques of organ replocement, medicol researchers perform o liver tronsplant in o dog.

Sheep are used in studies of neo-natal physiology, membrane transport, reproductive physiology; monkeys, studies in endocrinology, physiological and psychological behavior, surgical procedures, virus inoculation and viral induced diseases; and chimpanzees, for behavior and psychological testing, and study of induced viral diseases found in man.

Animal core focility (obove) on Old Amity Rood, Bethony, includes building with outdoor runs, lower foreground, where incoming dogs ore quorontined and processed. Beyond ore pole sheds where sheep ond goots ore housed. Building at left, residence for o Division of Animol Core stoff member, enobles 24-hour supervision. Focilities for onimal core hove been exponded by the acquisition of o second form (right) about one mile to the east, bordering Litchfield Turnpike. Horses, minioture pigs, sheep, ond cattle con be cored for here. Housing is provided for o resident veterinorion ond onimol technicians.

In and about Sterling Hall

Dr. Cohart Named Chairman of Epidemiology and Public Health

Dr. Edward M. Cohart, C.-E. A. Winslow Professor of Public Health, has been appointed chairman of the Department of Epidemiology and Public Health. He succeeds Dr. Anthony M.-M. Payne, Anna M. Lauder Professor of Epidemiology and Public Health, who is on leave of absence from Yale to serve with the World Health Organization.

Dr. Cohart

A former deputy commissioner of the New York City Department of Health and a member of the Yale medical faculty for 19 years, Dr. Cohart is also the first incumbent of the Winslow professorship, established in 1961 to honor the founder of the Yale Department of Public Health.

Dr. Cohart was born in Brooklyn, New York, and graduated from Columbia University where he also received the M.D. degree in 1933 and the M.P.H. degree in 1947. He interned at Jewish Hospital, Brooklyn, and was engaged in general practice from 1935 to 1942.

During World War II he served with the U.S. Army Medical Corps, completing his tour of duty as chief of the officers' and nurses' medical service at Lovell General Hospital, Ayer, Massachusetts, with the rank of major. In 1946-1947 he was health officer in training with the New York City Department of Health. The following year he served as a cancer control consultant with the U.S. Public Health Service where he continued as a special consultant until 1953, and later was a member of the heart disease control advisory committee from 1960 to 1964.

Dr. Cohart joined the Yale faculty in 1948 as associate professor and head of the cancer control section of the Department of Public Health. He was promoted to professor in 1956, at which time the section was expanded to include a program for adult health. In 1959, with Dr. Hiscock's retirement as chairman of the department, Dr. Cohart served as acting chairman for eight months and then directed the division of public health practice until his appointment as chairman of the department.

In 1955-1956 Dr. Cohart was granted a leave of absence to serve as deputy commissioner of health for New York City. He is currently secretary-treasurer of the Association of Schools of Public Health, and president of the New England Public Health Association.

Tuition Increase

The present tuition of $1600 for candidates for the M.D. degree at Yale will be raised to $1900, beginning with the 1967-1968 academic year. Dean Lippard, in announcing the increment, attributed it to generally increased operating costs and pointed out that several other medical schools are also planning to raise tuition fees.

Yale's present tuition figure has been in effect for several years and is lower than the fee charged by most of the other major medical schools in the East. Tuition fees represent only a very small portion of the money needed to operate the school, the remainder coming from grants and gifts, including the contributions of alumni.

Faculty Notes

In October, Dr. Charles D. Cook, professor and chairman of pediatrics, participated in a four-day symposium on prenatal physiology, morbidity, and mortality in Prague. This was sponsored by the Czechoslovak Medical Society and the Institute for the Care of Mother and Child. On his return, Dr. Cook noted that the amount and quality of research being done in Czechoslovakia, particularly at the Institute for the Care of Mother and Child, was impressive. The provision of child health services was also very extensive, he said, and pediatric care appeared to be more adequately distributed than in many parts of the United States.

Dr. Donald H. Barron, professor of physiology, was a visiting lecturer at the University of Colorado Medical Center in November. As the guest of the Department of Obstetrics and Gynecology, he gave a series of three lectures entitled "Researches in Prenatal Life", "Regulation of Uterine Blood Flow in Pregnancy", and "The Metabolism of the Fetus."

Dr. Harold O. Conn, associate professor of medicine, participated in the third meeting of the International Association for the Study of the Liver in Tokyo and Kyoto in September. He presented results of his study, done with Dr. W. W. Lindenmuth, on prophylactic portacaval anastomosis in cirrhotic patients with esophageal varices. While in Japan, Dr. Conn visited the Atomic Bomb Casualty Commission in Hiroshima.

A husband and wife team, Dr. Frank D. Gray, Jr., and Dr. Frieda G. Gray, associate professors in medi-

cine, visited Europe this past fall to participate in meetings in the Scandinavian countries, Czechoslovakia, Poland, and Russia. They presented a joint paper on cardiopulmonary consequences of rheumatic diseases at the International Congress on Diseases of the Chest in Copenhagen.

Dr. Frank Gray gave a lecture entitled "The Clinical Physiology of Pulmonary Embolism" at the Rikshospitalt in Oslo, at the Vishnevsky Institute in Moscow, and for the Prague Medical Society; he also lectured on "Clinical Physiology of Pulmonary Edema" before the Warsaw Medical Society. Following his lecture in Moscow, Dr. Gray was presented with the medal of the Vishnevsky Institute.

Dr. Lawrence K. Pickett, professor of surgery and pediatrics, presided at a three-day meeting of pediatric surgeons from the United States, Canada, and Mexico as part of the American Academy of Pediatrics 35th annual convention in Chicago last October. Dr. Pickett is chairman of the Academy's Section on Surgery.

Dr. Donald Shedd, associate professor of surgery, visited the Christian Medical College in Vellore, South India, in October as part of a preliminary survey to evaluate the feasibility of a project on oral cancer. This project was initially proposed by Dr. Carl F. von Essen, associate professor of radiology, who spent the 1965-66 academic year on sabbatical in Vellore. Oral cancer is the most common cancer in some parts of South India. This is thought to be due to the prevalent habit of holding in the mouth tobacco mixed with the betel nut and leaf. The planned research involves a survey of village populations to record changes in the oral mucosa in order to trace the development of oral cancer.

Enroute to India, Dr. Shedd presented a paper entitled "Clinical Characteristics of Early Oral Cancer" at the Pan-Pacific Surgical Congress in Honolulu. He also attended the ninth International Cancer Congress in Tokyo where he reported on a study of cancer of the nasopharynx in Connecticut from 1935 to 1959.

Dr. Baumgartner and Dr. Hiscock

Communications à la Hiscock

The Ira V. Hiscock Lectureship was established last year by an anonymous donor to perpetuate Dr. Hiscock's dedication to excellence and his inspiring leadership in public health. A member of the Yale medical faculty for 40 years and a nationally recognized leader in public health administration, he retired in 1960 as chairman of the Department of Public Health.

The initial Hiscock lecture was delivered on October 12 by a distinguished Yale alumna in medicine, Dr. Leona Baumgartner (Ph.D. '32, M.D. '34), former Commissioner of Health of New York City and later Assistant Secretary of State with the Agency for International Development.

Dr. Baumgartner began her talk — on the problems of communication in public health — with the following tribute to Dr. Hiscock:

"Ira Hiscock will long be remembered as a lover of people — one who made and sought warm and lasting relationships. So well did he communicate with people that a continuing relationship was inevitable.

"I was not a student of Dr. Hiscock's — I guess I was too busy in a small immunological laboratory along a corridor on the third floor of what I hope is still called 'Brady', where George Smith, Felix d'Herrelle of bacteriophage fame, Phil Cowles, Elizabeth Jordan, Lee Farr of Brookhaven and I had labs, and Naga kept the animals. But I was not long out in the world of public health on the sidewalks of New York, using some of the scientific principles learned in that laboratory, before I discovered Dr. Hiscock's genius for people and for communications.

"I will recount but one example. Within a fortnight of my being made Commissioner of Health, I found Dr. Hiscock sitting outside my door, deep in the morning *New York Times*, quietly waiting to see if by chance I had a moment. He just dropped by, he said, because he wanted me to know that he'd be glad to be helpful in any way that he could. He mumbled shyly something about 'Always wanting to help Yale graduates.' Before he left, he gave me the name of one highly qualified person who was not particularly happy in what he was doing and might be interested in moving to an exciting new venture. That man filled a key slot in the New York City Department of Health soon after. That's communications à la Hiscock."

Fulton Seminar Room

The John Farquhar Fulton Seminar Room in the Medical Library was officially opened on December first for the use of the Department of the History of Science and Medicine. At the opening ceremony Dr. Donald H. Barron reminisced briefly about the days when Dr. Fulton used to conduct seminars of a strongly historical nature, surrounding himself with the classical works in the history of physiology and making them known to his students, in the old seminar room in the Department of Physiology. Dr. Fulton was the first professor of the history of medicine at Yale and founder of the department. He was also, with Dr. Harvey Cushing and Dr. A. C. Klebs, a founder of the Historical Library which provides a superb research facility in medicine and biology.

Connecticut Regional Medical Program

The planning phase of the Connecticut Regional Medical Program, being developed under the joint leadership of the Yale School of Medicine and the University of Connecticut School of Medicine, moved into high gear in October with the arrival of Dr. Henry T. Clark, Jr., the planning director, who was formerly administrator of the Division of Health Affairs of the University of North Carolina. He has also been appointed visiting professor of public health at Yale.

The regional medical program in Connecticut, one of the first to be established under Public Law 89-239, known as the "Heart Disease, Cancer, and Stroke Amendments of 1965," is supported by a two-year planning grant awarded last June by the National Institutes of Health. In his new post, Dr. Clark will direct a study of the health resources of the

Dr. Clark

State for the purpose of determining present and future needs and developing a continuing, comprehensive regional medical program to meet those needs.

During the past two years Dr. Clark served as special consultant to the director of the National Institutes of Health in regard to regional medical programs, and later as special consultant on organization and planning to the University of Leiden Medical Faculty and Hospitals in Holland. Prior to his resignation last September from the University of North Carolina, he was for 16 years in charge of the university division that includes the schools of medicine, dentistry, nursing, public health, and pharmacy, and the North Carolina Memorial Hospital. Earlier he had been assistant director of Strong Memorial Hospital in Rochester, New York, and director of Vanderbilt University Hospital in Nashville, Tennessee.

Dr. Clark received his A.B. from the University of North Carolina and completed two years of his medical education there. He earned the M.D. degree in 1944 at the University of Rochester School of Medicine and interned at Duke University Hospital.

In November, Edward F. Morrissey, former associate director of the Community Council of Greater New Haven, was named assistant to the planning director of the Connecticut Regional Medical Program. He has been appointed a research associate in public health at Yale. A graduate of the College of the Holy Cross in Worcester, Massachusetts, Mr. Morrissey took his master of social work degree at Boston College School of Social Work in 1958.

Powers Lecture

The ninth Grover F. Powers Lecture was delivered on October 6, 1966, by Dr. C. Henry Kempe, professor and chairman of the Department of Pediatrics, University of Colorado School of Medicine. His subject was "Early Experience with Attenuated Live Vaccinia." The lectureship honors Dr. Powers, professor emeritus of pediatrics, who was a member of Yale's active medical faculty from 1921 to 1952.

Peters Memorial Lecture

Sir Hans Krebs, Whitley Professor of Biochemistry at Oxford University, England, delivered the John Punnett Peters Memorial Lecture for 1966. He spoke on "The Control of Metabolism" at the Mary S. Harkness Auditorium on November 4. The lecture series was established in 1957 in memory of the late Dr. Peters, John Slade Ely Professor of Medicine, who died in 1955.

Award to Dr. Rosenberg

Dr. Leon E. Rosenberg, assistant professor of medicine, has been named co-recipient of a 1967 Kappa Delta Award presented by the Amer-

ican Academy of Orthopaedic Surgeons. Dr. Rosenberg shares the $1000 prize with Dr. Gerald A. M. Finerman of the Johns Hopkins School of Medicine for their collaborative research on the regulation of amino acid transport and collagen synthesis in fetal rat bone. Presentation of the award was made this January at the annual meeting of the Academy in San Francisco.

New Book

THE SHARING OF POWER IN A PSYCHIATRIC HOSPITAL by Dr. Robert Rubenstein, associate clinical professor of psychiatry, and Harold D. Lasswell. (Yale University Press.) The application of democratic ideology to the management of the mentally ill is the subject of this study undertaken at the Yale Psychiatric Institute. Innovations designed to give patients a greater role in decision making include patient-staff meetings, illustrated here by several verbatim transcripts. The shortcomings as well as the advantages are analyzed, and more meaningful ways of coping with the predicament of the mentally disturbed are proposed. Seen as a prototype of power devolution, the innovations and their effects are relevant to power sharing in other institutions. Mr. Lasswell is a professor of law and political science at Yale.

Promotion to Professorship

Dr. José M. R. Delgado was promoted from associate professor to professor of physiology in the Department of Psychiatry, effective January 1, 1967.

Dr. Delgado received his M.D. and D.Sc. degrees from the University of Madrid and served on the Madrid faculty from 1940 to 1946, when he came to Yale for one year to work with the late Dr. John F. Fulton. He returned to Yale in 1950 as a James Hudson Brown Research Fellow and was appointed an instructor in physiology in 1952. He was promoted to assistant professor in 1953 and associate professor in 1955. He is internationally known for his work on electrical stimulation of the brain.

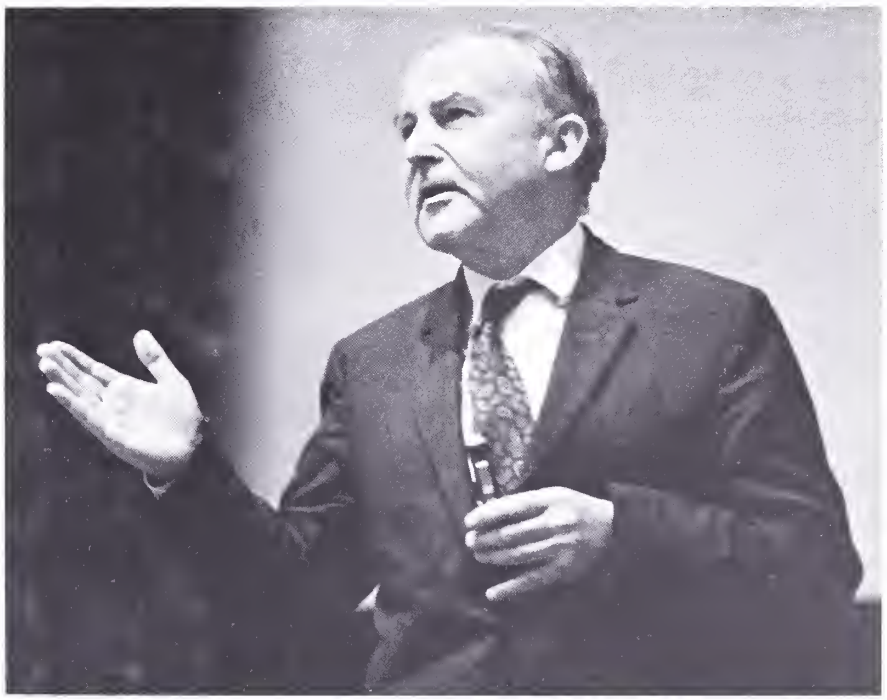
Faculty Return from Sabbaticals

With the beginning of the academic year in September, several members of the medical faculty who had been on leave of absence during 1965-66 were back from their sabbaticals abroad. Dr. Edward A. Adelberg, professor of microbiology, returned from France where he had worked in the laboratory of Dr. Georges Cohen at the Centre Nationale de la Recherche Scientifique. Dr. Jack R. Cooper, associate professor of pharmacology, was in the Department of Biochemistry at Maudsley Hospital in London; and Dr. Thomas P. Detre, associate professor of psychiatry, worked in clinical electroencephalography in the laboratory of Dr. Raffaello Vizioli at the University of Rome.

Dr. Gilbert H. Glaser, professor of neurology, spent the year working with Dr. G. Pampiglione in the Department of Clinical Neurophysiology at the Hospital for Sick Children and Institute of Child Health in London. Dr. Carl von Essen, associate professor of radiology, was engaged in research at the Christian Medical College in Vellore, South India.

Two members of the faculty spent the year in California. Dr. Paul Howard-Flanders, professor of radiobiology and molecular biophysics, did research with Dr. R. L. Sinsheimer at California Institute of Technology, and Dr. Theodore Lidz, professor of psychiatry, worked at the Center for Advanced Study in Behavioral Sciences at Palo Alto.

Sir George Pickering, Regius Professor of Medicine ot Oxford, speaking in the Mory S. Horkness Memorial Auditorium. During his three-doy visit to Yole in November, Sir George gove the Alpha Omego Alpho Lecture ond spoke ot medical rounds.



Memorial Fund for Public Health Library

A memorial fund for the purchase of books for the library of the Department of Epidemiology and Public Health has been established by relatives and friends of the late Mary Denaro Hazen, M.P.H., 1952, who died May 5, 1966. She was the wife of Stanley S. Hazen of Hilton, New York.

Mrs. Hazen majored in public health education while at Yale and after graduation was associated with the Boston Health Department. Later she served as a research assistant at Harvard Medical School.

Persons wishing to make contributions in her memory may send gifts to Yale University, c/o Spencer F. Miller, Associate Treasurer, 105 Wall Street, New Haven, Connecticut, 06520, for the Mary Denaro Hazen Memorial Fund.

Bernard L. Kartin, M.D.

Dr. Bernard Leon Kartin died suddenly on Sunday, October 15, at the age of 54. He was a well known internist in New Haven and an assistant clinical professor of medicine at Yale.

"Bernie", as he was affectionately known to his many friends, was born in Brzezany, Poland. He came to this country in 1933 and received his M.D. degree from Columbia University College of Physicians and Surgeons in 1939. Following a two year internship at the Jewish Hospital of Brooklyn, he was appointed a research fellow in internal medicine at Yale working with Dr. John P. Peters on problems of metabolism. He became an instructor in the Department of Internal Medicine in 1942, and throughout the hectic years of World War II, he played an important role in the teaching program of that department.

He entered private practice of internal medicine in 1946 but continued to serve the School of Medicine as a clinical instructor. He was promoted to the rank of assistant clinical professor in 1948 and was active in the teaching program in the Medical Outpatient Clinic until the time of his death. He was an attending physician on the staff of the Yale-New Haven Hospital.

A group of Dr. Kartin's friends have established the Bernard Leon Kartin Memorial Fund at the Yale School of Medicine "to perpetuate the memory of his innumerable good deeds as humanist and as scientist, and above all as humanitarian."

Alumni News

1922

At the ninth International Cancer Congress in Tokyo in October, the council of the International Union against Cancer elected GEORGE T. PACK of New York City as vice president for North America for a term of four years.

1923

EUGENE E. O'DONNELL is attending surgeon and director of the Tumor Clinic at Mercy Hospital in Portland, Maine.

1926

CHARLES M. GOSS is the editor of a new revised and updated edition of Gray's *Anatomy*, which was published by Lea & Febiger, Philadelphia, in September 1966. This is the 28th edition of "the Bible of medicine", originally prepared by Henry Gray, F.R.S. Dr. Goss, now visiting professor of anatomy at George Washington University School of Medicine, is managing editor of the *Anatomical Record* and a member of the International Anatomical Nomenclature Committee.

1931

BENJAMIN CASTLEMAN received an honorary doctor of medicine degree from the University of Göteborg in Sweden at the university's graduation ceremonies this past fall. The citation in Latin noted his accomplishments in the field of endocrine pathology. Dr. Castleman, chief of the Department of Pathology at the Massachusetts General Hospital and professor of pathology at Harvard Medical School, is vice-president of the Association of Yale Alumni in Medicine.

1933

CAROLINE A. CHANDLER, who is chief of the Center for Mental Health of Children and Youth Mental Health Services at the National Institute of Mental Health in Bethesda, Maryland, was elected a fellow of the American Orthopsychiatric Association in April 1966. Dr. Chandler is a member of the editorial board of the *American Journal of Orthopsychiatry*.

FRANCIS M. WOODS of Wellesley, Massachusetts, served for two months this fall aboard the S.S. Hope which was operating along the coast of Nicaragua. Dr. Woods is a clinical associate in surgery at the Harvard Medical School.

1934

JOHN B. OGILVIE has been appointed chief of surgery at the Stamford Hospital in Stamford, Connecticut.

1938

CHARLES J. PETRILLO participated in an international postgraduate

course on reconstructive surgery of the nasal septum and external pyramid given at the University of Oregon Medical School in September. He was a member of the visiting faculty. Following this course, he and Mrs. Petrillo spent two days in San Francisco and then flew to Hawaii where he attended the meetings of the Pan-Pacific Surgical Association.

JOHN J. McGILLICUDDY was named the fourth annual recipient of the "Favorite Son Award," presented annually by the student body of Boston College to an outstanding alumnus. The award was made on November 5th at the time of the Boston College–William & Mary football game.

Dr. McGillicuddy has been working with the athletic teams at his *alma mater* for the past 12 years. The sports editor of the Boston College paper reports: "He cares for severe injuries to knees, shoulders, backs, and feet of Eagle athletes. He's one of the best-liked men in the BC locker room and has worked many 'modern miracles' with his effective treatments."

Dr. McGillicuddy, who is also the orthopedic surgeon for the Boston Red Sox, resides in Waban, Massachusetts. He and his wife, Mary, have four children: John Michael, 17, Christopher, 14, Maura, 11, and "a future BC football player", Patrick, 1½.

1942

RICHMOND W. SMITH, JR., has assumed the position of head of the Department of Medicine at the Henry Ford Hospital in Detroit. Dr. Smith has been a member of the hospital's staff since 1949 and has served as chief of the Division of Endocrinology since 1953.

1943 (March)

SOPHIE C. TRENT was inducted as first vice-president of the American Medical Women's Association on November 4. Dr. Trent practices internal medicine in Meriden, Connecticut. She is a senior attending physician at Meriden Hospital, clinical staff physician at the Newington Veterans Administration Hospital, and medical consultant at Undercliff Hospital.

1943 (December)

ROBERT H. FURMAN, associate director of research at the Oklahoma Medical Research Foundation, is president of the Oklahoma Heart Association.

VICTOR C. HACKNEY is professor and chairman of the Department of Dermatology at the Indiana University School of Medicine in Indianapolis.

ANTHONY ZOVICKIAN was promoted to the rank of associate clinical professor of surgery at Boston University School of Medicine in July, 1966. He is a member of the American Association of Plastic Surgeons.

1944

ROBERT E. COOKE participated in an all-day Seminar on Perinatal Problems held at Yale on November 16. The program was sponsored by the School of Medicine, the Connecticut State Department of Health, and the Connecticut State Medical Society. Dr. Cooke is chairman of the Department of Pediatrics at Johns Hopkins.

WARD S. JENKINS of Toledo, Ohio, was elected a fellow of the American College of Allergists in May, 1966.

LAURENCE G. ROTH of Batavia, New York, is treasurer of the Buffalo Obstetrical and Gynecological Society for 1966-67.

1946

SANFURD G. BLUESTEIN has been appointed assistant professor of radiology at the new Mount Sinai School of Medicine in New York City.

The Honolulu Star-Bulletin of October 24, 1966, carried an article about CHARLES S. JUDD, JR., who is surgeon for the Apia Hospital in Apia, Western Samoa. It notes: "A surgeon who is a descendant of one of Hawaii's early missionary families is carrying on the family tradition." His great-grandfather, Dr. Gerrit Judd, was a medical missionary who went to Hawaii in 1828.

Dr. Judd first visited Western Samoa in 1965 as a member of an East-West Center Team. The independent island nation had been attempting to recruit a surgeon, and he decided to take the job. He moved to Samoa with his wife and three children in December, 1965.

In October of 1966, Dr. Judd was in San Francisco for the meeting of the American College of Surgeons. He was interviewed by the San Francisco Chronicle and is reported to have commented as follows regarding the medical problems encountered in Samoa: "They covered all the areas from sanitation, intestinal parasites, filariasis with its complications of elephantiasis, communicable diseases including tuberculosis, typhoid, tetanus, malnutrition of children, and such specific surgical problems as tumors, ulcers and fractures."

PHILLIPS E. ROTH, who has been in general practice in Yakima, Washington, began a residency in psychiatry at the University of Washington in Seattle in July, 1966.

1947

A Guide for Perplexed Parents by ARTHUR HARRY CHAPMAN has been published by the J.B. Lippincott Company of Philadelphia. The booklet, containing child-rearing advice for parents, is for distribution to parents by physicians. The material is taken in part from Dr. Chapman's book *Management of Emotional Problems of Children and Adolescents*, published by Lippincott in 1965.

PHILIP H. PHILBIN is now chairman of the Department of General Surgery at Washington Hospital Center and is a clinical assistant professor of surgery at the Georgetown University School of Medicine. He is also a member of the board of trustees of the Washington Blue Shield program, on the board of

trustees of the District of Columbia Chapter of the American Cancer Society, and an attending surgeon at Children's Hospital of the District of Columbia.

1948

ROBERT E. LEMPKE has been promoted to professor of surgery at the Indiana University School of Medicine. Dr. Lempke is on the staff of the Veterans Administration Hospital in Indianapolis.

1950

ALVIN DAVIS, associate chief of the Infectious Disease Section at the Veterans Administration Hospital in Los Angeles, was elected a fellow of the American College of Physicians in December, 1965.

B. LIONEL TRUSCOTT writes that since 1963 he has been professor of neurology at the Albany Medical College in addition to his position as chief of neurology at the Veterans Administration Hospital in Albany, New York.

1951

BRADLEY R. STRAATSMA, chief of the Division of Ophthalmology at the University of California, Los Angeles, Medical School is director of the new Jules Stein Eye Institute, which was dedicated in November at the UCLA Center for Health Sciences. The six million dollar institute houses the most modern teaching and research facilities, a 60-bed hospital unit, specially equipped operating rooms, and outpatient facilities.

1952

SIEGRIED and WILLARD CENTERWALL returned from India this past fall. They had worked for several years at the Christian Medical College and Hospital in Vellore and are now located at the University of Michigan in Ann Arbor.

JOSÉ F. PATINO of Bogota, Colombia, has been appointed executive director of the Pan American Federation of Associations of Medical Schools. The Federation includes all of the associations of medical colleges in the Americas. Its headquarters, currently in Rio de Janeiro, will be moved to Bogota sometime in 1967.

For the past three years, Dr. Patino has served as rector of the National University of Colombia and has brought about substantial academic reforms at that institution. In spite of his new administrative position, he reports that he will continue teaching and part-time practice in surgery. He will also continue as an active member of the Committee on International Education of the American College of Surgeons.

In November, Dr. Patino participated in the third World Conference on Medical Education at New Delhi, India.

1954

ROBERT J. T. JOY, who was promoted to lieutenant colonel in the Army Medical Corps this past year, received the John Shaw Billings Award on November 8 at the 73rd annual meeting of the Association of Military Surgeons of the United States. The award, sponsored by Eaton Laboratories, honors the memory of Lieutenant Colonel John Shaw Billings, whose contributions to executive medicine and to medical bibliography resulted in the founding of the Index-Catalogue. The award is given annually to a member of the association, under 41 years of age, who demonstrates outstanding potential in the field of executive medicine.

In 1961, Dr. Joy became the principal planner and coordinator for the new U.S. Army Research Institute of Environmental Medicine at Natick, Massachusetts, and, although still a captain, was appointed its first commanding officer. In September 1963, Major Joy began a two-year period of postdoctoral training at Harvard and was awarded the A.M. degree in physiology in 1965. Since completion of these studies, he has been chief of the U.S. Army Medical Research Team in Vietnam.

LEONARD M. SILVERMAN of Miami Beach, Florida, was elected a fellow of the American College of Physicians in April 1966.

1955

EDWARD D. COPPOLA was promoted to the rank of assistant professor of surgery at Hahnemann Medical College in Philadelphia as of July, 1966.

1956

JOSEPH HART, after ten years of service with the U.S. Air Force, has entered private practice of urology in Newport Beach, California. Dr. Hart was certified by the American Board of Urology in 1965. Until July of 1966, he was stationed at the U.S.A.F. Hospital at Travis Air Force Base in California as chief of urology.

DWIGHT F. MILLER, pathologist and director of laboratories at the Griffin Hospital in Derby, Connecticut, is currently chief of the hospital staff.

WILLIAM M. NARVA, who is now chief of the Dermatology Service at the National Naval Medical Center in Bethesda, has been appointed a clinical assistant professor of medicine (dermatology) at Georgetown University School of Medicine.

JAMES R. PATRICK, chief pathologist at Children's Hospital in Washington, D.C., will head a six-man team of virologists and epidemiologists engaged in a comprehensive one-year study of all sudden infant deaths in the District of Columbia. Under a grant from the National Institute of Child Health and Human Development of the N.I.H., the team headed by Dr. Patrick will investigate the "sudden death syndrome" which is estimated to claim the lives of between 10,000 and 20,000 babies in the United States each year.

1957

ANNE H. GOOD has left the University of California San Diego campus, where she was a postgraduate research fellow, and as of September, 1966, is a lecturer in bacteriology at the University of California in Berkeley.

HOWARD A. MINNERS has been appointed special assistant to the chief of the Office of International Research at the National Institutes of Health in Bethesda, Maryland. He will administer both the International Centers for Medical Research and the International Research Career Development Program. Dr. Minners was previously an Air Force flight surgeon and had been with the NASA Manned Spacecraft Center at Houston, Texas, since 1961. An article by him entitled *Medicine: Kitty Hawk, Cape Kennedy, and Beyond* appeared in the spring 1966 issue of YALE MEDICINE.

1960

GARY E. GATHMAN began an appointment as a fellow in cardiology at the Children's Hospital Medical Center in Boston on July first.

JAMES I. GILMAN is now an instructor in anesthesiology at Yale and an associate anesthesiologist at the Yale-New Haven Hospital.

ALLAN W. NEWCOMB, who completed his residency training at the Yale-New Haven Medical Center in 1965, is radiologist at St. Joseph's Hospital in Syracuse, New York.

FRED PALACE has been discharged from the Air Force and is now associate radiologist at the Morristown Memorial Hospital in Morristown, New Jersey.

1961

PHILIP FELIG is currently chief resident in medicine at the Yale-New Haven Hospital. The Feligs' third son was born in March, 1966.

JOHN E. FENN and WARREN D. WIDMANN are the chief residents in surgery at the Yale-New Haven Hospital for 1966-67.

LOUIS D. HUNT has entered the private practice of medicine in Greenville, South Carolina, after completing his training at the North Carolina Baptist Hospital at Winston-Salem.

J. RICHARD LUSBY left his practice in New Britain, Connecticut, in July to return to Seattle. He is now working as a pediatrician with the Group Health Cooperative of Puget Sound.

JOHN K. PEARCE, JR., is now a resident in child psychiatry at the Beth Israel Hospital in Boston. Dr. Pearce, who was formerly a fellow at the Austen Riggs Center in Stockbridge, Massachusetts, was married to Suzanne Schell of New York City on June 11.

ROBERT N. TAUB is spending the current year at the National Institute for Medical Research in London, England.

1962

JONATHAN E. FINE received his M.P.H. degree from Johns Hopkins University in 1964 and is now Regional Public Health Officer for Latin America with the State Department's Agency for International Development (AID) in Washington.

FRANK R. HARTMAN has entered private practice of psychiatry in New York City.

WALTER W. KARNEY began his residency in internal medicine at the U.S. Naval Hospital in Portsmouth, Virginia, in July.

GLENN L. KELLY has returned to New Haven as assistant resident in orthopedic surgery at the Yale-New Haven Medical Center.

DAVID D. NICHOLAS is now resident in pediatrics at Babies Hospital in New York City, a part of the Columbia-Presbyterian Medical Center.

1963

BENJAMIN K. HARRIS has completed his Army service and is now an assistant resident in medicine at the University Hospitals of Cleveland.

1964

LEWIS LANDSBERG went to the National Institutes of Health in Bethesda, Maryland, in July, 1966, as a research associate. He was previously an assistant resident in medicine at Yale-New Haven Hospital.

THOMAS L. LENTZ has been promoted to assistant professor in the Department of Anatomy at Yale.

1965

GRANT L. CHRISTIAN is now an assistant resident in internal medicine at the University of Utah Medical Center at Salt Lake City.

GREGORY A. CULLEY began his residency in pediatrics at the University of Minnesota Hospital in Minneapolis in July.

CARL ELLENBERGER, JR., has begun his residency training in neurology at the University Hospital in Charlottesville, Virginia.

WILLIAM GROSSMAN and his wife have gone to India where he expects to serve for two years as a U.S. Public Health Service doctor for the Peace Corps. He reports that JAY POMERANTZ ('63), who is with the Peace Corps, interviewed him for the job.

PHYLLIS J. HURWITZ is now a junior resident at the Manhattan Veterans Administration Hospital in New York City.

MOHANDAS M. KINI is spending a year doing general practice on Bell Island, Newfoundland, following completion of his internship at the Montreal General Hospital. The Kinis' first child, Larissa Ann, was born October 8, 1966, at the Yale-New Haven Hospital.

RICHARD J. KOZERA has stayed on at the Cincinnati General Hospital for residency in medicine.

ROBERTSON PARKMAN is now an assistant resident in pediatrics at the Yale-New Haven Hospital. He was married in September, 1965, to Elizabeth Hamilton.

JOHN A. PARRISH has begun his residency in internal medicine at the University Hospital in Ann Arbor, Michigan.

ROBERT L. PICKENS has stayed at the Presbyterian Hospital in New York City for his residency training in surgery.

WILLIAM A. RENERT remains at the Yale-New Haven Hospital as an assistant resident in medicine. He was married to Robin Lynn Kessler in August, 1965.

DAVID M. SHAMES has gone to the

N.I.H. and is a staff associate in the Office of Mathematical Research at the National Institute of Arthritis and Metabolic Diseases.

ROBERT G. WEINER has begun residency training in orthopedic surgery at the Henry Ford Hospital in Detroit.

HOUSE STAFF

1959

JOHN S. BRYAN, JR., who was a surgical intern from 1958 to 1959, writes: "Am married with 2 sons and one daughter and in solo practice of orthopedic surgery at 573 N. Main Street, Doylestown, Pa."

PUBLIC HEALTH

1921

The vice chancellor of the University of Hawaii, has announced that IRA V. HISCOCK, Anna M.R. Lauder Professor Emeritus of Public Health at Yale, has been named a consultant in public health affairs at the Institute of Advanced Studies, East-West Center, which is located at the University of Hawaii.

1938

RICHARD K. C. LEE is dean of the School of Public Health, University of Hawaii, Honolulu, Hawaii.

1942

ARTHUR B. ROBINS, formerly director of the Bureau of Tuberculosis, New York City Department of Health, has accepted a position as visiting physician-in-charge of Ambulatory Pulmonary Services, Triboro Hospital, New York City.

1944

DAVID B. WILSON, director of the University Hospital, Jackson, Mississippi, has been named president-elect of the American Hospital Association. Dr. Wilson, who was chairman of the Association's Council on Government Relations in 1965 when the Medicare bill was moving through Congress, appeared many times before Congressional committees and Federal agencies during that period on behalf of the AHA and the hospital field.

1945

CLAUDIA B. GALIHER is now heading up the Health Education and Training Branch, Medical Care Division, U.S. Public Health Service. She was formerly chief of the Health Training Branch, Medical Program Division, Peace Corps.

LOIS M. JUND resides in Anchorage, Alaska, where she is serving as the executive officer of the Arctic Health Research Center, U.S. Public Health Service.

1948

HOWARD W. ENNES has been elected vice president of the Equitable Life Assurance Society. He was formerly director of community services and health education for the company.

1950

DOROTHY ERICKSON REESE is now chief of the Construction Grants Section, Division of Nursing, U.S. Public Health Service, Washington, D.C. She was recently elected chairman of the Public Health Advisory Council which is advisory to the Director of Public Health, District of Columbia.

ELIZABETH D. ROBINTON has been appointed chairman of the Department of Biological Sciences, Smith College, Northampton, Massachusetts.

1951

HECTOR R. ACUNA, after many years of service with the World Health Organization, has returned to Mexico City where he is chairman of the Science Department and professor of biology, University of the Americas. During his service with WHO he was stationed in the Dominican Republic, El Salvador, Guatemala, and Pakistan.

JOANNE E. FINLEY was named Commissioner of Health of Cleveland, Ohio, in June, 1966. Previously she was research director of Cleveland Health Goals Project, a health planning project.

1953

JOHN MAC IVER is now director, Psychiatric Services, United States Steel Corporation, Pittsburgh, Pennsylvania.

1956

KATHLEEN H. HOWE was elected president of the Connecticut Public Health Association at its 50th anniversary meeting held on December 2, 1966. Mrs. Howe is assistant professor of public health (health education) at Yale.

JOHN E. IVES has been named the director of the University of Connecticut Hospital, which will be built in Farmington, Connecticut, as part of the University of Connecticut Medical Center and School of Medicine.

MARY K. OCHIAI is the director of nursing, Pasadena Department of Public Health, Pasadena, California.

1960

RICHARD H. SCHLESINGER has accepted the position of executive director of the Community Health Information and Planning Service of Syracuse, New York.

1961

ANTHONY T.C. BOURKE, formerly a captain in the U.S. Army Medical Corps on assignment as deputy chief, U.S. Army Medical Research Team (WRAIR-Vietnam), is at the Liverpool School of Tropical Medicine, Liverpool, England.

1962

STANLEY B. KAHANE has been appointed director of Ambulatory Services of the Bronx-Lebanon Hospital Center.

Picture Credits Robert Perron: cover, pp. 2, 3, 12, 13 (below), 16; A. Burton Street: p. 5; Virginia M. Simon: p. 6 (map); Stephen C. Joseph, M.D.: pp. 6, 7, 9, 11; Yale University Art Gallery: p. 13 (above); Historical Library, Yale School of Medicine: pp. 14, 18; Ned Thomas: pp. 21, 22, 23 (above); J. N. Swift: p. 23 (below, aerial views); Charles Alburtus, Yale University News Bureau: pp. 24, 25; Blackstone-Shelburne N.Y.: p. 26; Harold O. Conn, M.D.: p. 27.

YALE MEDICINE

333 Cedar Street

New Haven, Conn. 06510

MEDICAL ALUMNI DAY

AND CLASS REUNIONS

SATURDAY, JUNE 10

MARK YOUR CALENDAR

YALE MEDICINE

ALUMNI BULLETIN OF THE SCHOOL OF MEDICINE / SPRING 1967

COVER: *Dean Vernon W. Lippard leaves Sterling Hall of Medicine, his headquarters for the past fifteen years.*

YALE MEDICINE

ALUMNI BULLETIN OF THE SCHOOL OF MEDICINE / SPRING 1967 / VOL. 2 NO. 2

Contents

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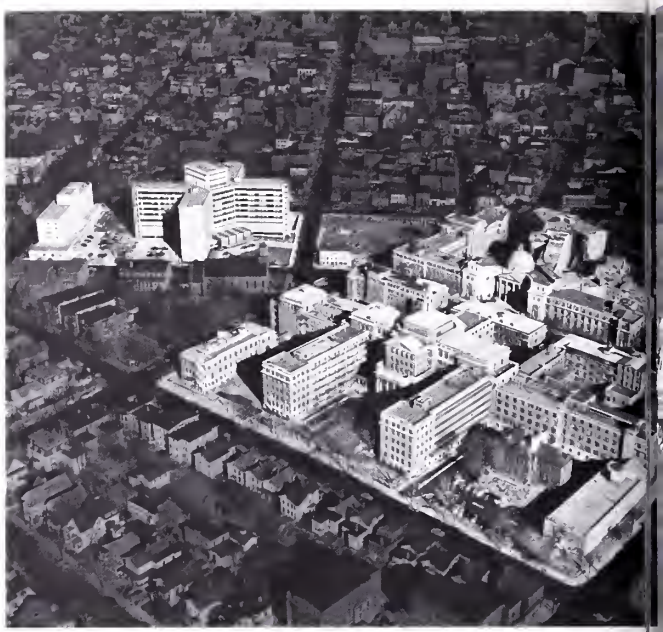
Editor Arthur Ebbert, Jr., M.D.

Managing Editor Kate Swift

Designer Sarah P. Sullivan

Fifteen Years of Growth: Yale Medicine 1952-1967



"There is a time for everything. There is a time for taking stock of our accomplishments and a time for measuring the resources that make those accomplishments possible."

A. Whitney Griswold, 1952
Annual Report of the President of Yale

In 1952 the Yale School of Medicine embarked on the period of greatest expansion in its 157 year history. It is a tribute to the foresight of Dean Vernon Lippard, who directed the school during this period, that the program of expansion can continue uninterrupted by a change in administration. The change, however, marks an appropriate time to take stock and to consider the impressive accomplishments of the past 15 years.

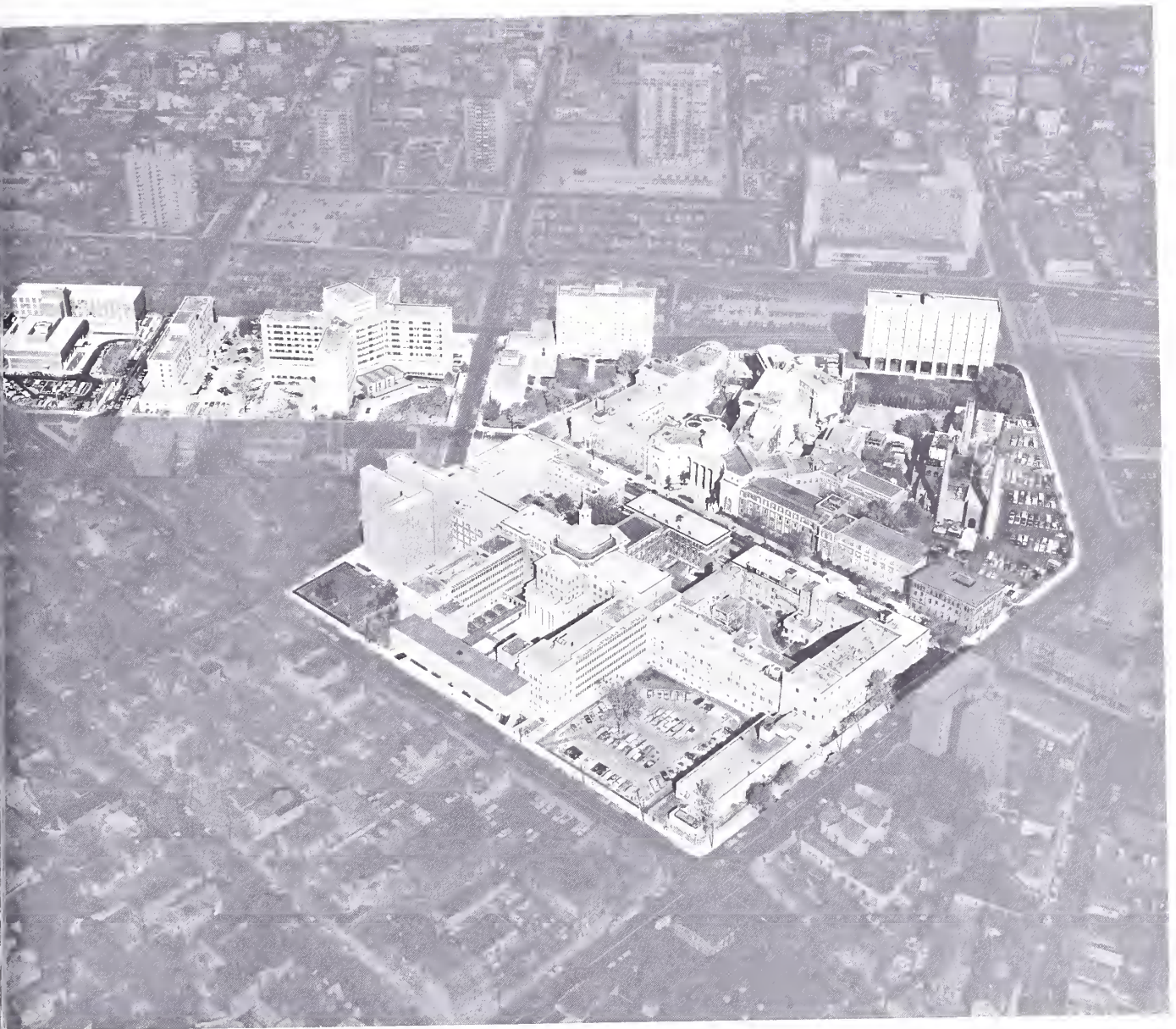
Speaking at the Yale Alumni Meeting in St. Louis in January this year, Dean Lippard noted: "When Whitney Griswold invited me to take on the deanship (in 1952), he pointed out a number of problems that had to be faced, and I soon discovered others. The physical plant had many deficiencies; the relationship with the Grace-New Haven Hospital, as it was then called, was cordial but needed definition; the clinical departments did not, in general, measure up to the preclinical; the Department of Public Health was seriously undernourished; and there was, as there still is, need for more financial support for operation. On the other hand, there were assets that money could not buy—association with a great university, a glorious tradition, a faculty that, although thin in spots, was loyal and devoted, and a brilliant group of students."

The greatest resources of any educational institution are its faculty and students. To consider the recent progress of Yale medicine in terms of the scientific and educational contributions of the faculty, whose number has more than doubled since 1952, would be to compile a volume of outstanding achievements. Another volume could be written on the achievements of the school's alumni whose records serve as an index of Yale's contribution to world health and medical science.

These men and women, faculty and alumni, represent the intellectual resources that have attracted the support necessary to develop the institution's physical resources. "Bricks and mortar may not seem important in themselves," the dean wrote recently, "but as a means of extending the opportunity for improving programs of education, research, and patient care, they are of the greatest significance."

The present expansion dates from the completion late in 1952 of the Memorial Unit of what was then the Grace-New Haven Community Hospital; this increased the capacity of the hospital to over 650 beds. (The present capacity is 735 beds and 94 bassinets.) With that increase and the opening of the Veterans Administration Hospital in West Haven in 1953, adequate clinical facilities were available to the school for the first time since before World War II.

It was also in 1953 that The Commonwealth Fund announced a grant to the school for a medical students' residence. Living quarters for students at that time consisted of two converted apartment houses which accommodated about 60 people. The majority of students lived



1967

in rooming houses and apartments, some of them inconveniently distant from the school. The Edward S. Harkness Memorial Hall completed in September, 1955, provided — in addition to single rooms and apartments for married students — a cafeteria, and recreation and meeting rooms.

From 1954 to the present, there has not been a time when some major new building project was not under way in the medical center to provide much needed facilities for the ever expanding educational and research programs and for improved patient care. The new laboratory building for anatomy and biochemistry, an extension of Sterling Hall of Medicine, was completed in time for the beginning of the 1958-1959 academic year, and the dedication of the Hunter Radiation Therapy Center in October, 1958, marking the start of an extensive new program in radiology, also provided additional laboratories for medicine and pediatrics.

Sesquicentennial

In 1960 physicians from all parts of the country and abroad came to New Haven to participate in the medical school's 150th anniversary celebration. The two-day program, which had to be held in Sprague Hall on College Street, pointed up the need for a large auditorium at the School of Medicine. Fortunately, plans to meet this need were already under way, and the 449-seat Mary S. Harkness Memorial Auditorium was completed in time for the Symposium on World Medicine, which was held in March, 1961.

Within the next two years, several projects vital to the hospital were in progress. The Charles A. Dana Operating Pavilion, occupying a new fourth floor on the Lauder Building and including the Victoria Foundation Cardiovascular Suite and the John Day Jackson Ophthalmic Unit, was opened in the fall of 1961. This addition gave the medical center a new surgical operating facility completely modern in all respects.

Major reconstruction on the second floor of the New Haven Unit in 1962 provided further facilities for diagnostic radiology. A clinical research unit for adult patients, with supporting laboratories, was built by adding a fifth floor to the Farnam Building, and the following year a new children's clinical research unit was opened on Fitkin III.

In the spring of 1963, construction was begun on a new clinic building which has completely altered the Howard Avenue facade of the hospital. The Charles A. Dana Clinic and Hospital Diagnostic and Service Building, dedicated late in 1964, provides an attractive new entrance lobby, with two floors above and one below devoted to urgently needed facilities for the use of ambulatory medical, surgical, and psychiatric patients. The Bartram Surgical Research Laboratory on the second floor of the Farnam Building was also dedicated in December, 1964.

The dedication in 1965 of the nine-story Laboratory of Epidemiology and Public Health marked the 50th anniversary of the founding of the Department of Public Health at Yale. This impressive white structure, located on the site of the old flea market, made it possible to gather the various programs of the department under one roof for the first time. It contains research laboratories, classrooms, and a departmental library, as well as a computer center that serves the entire medical school. Three floors are occupied by the Rockefeller Foundation Virus Laboratories, which moved to Yale from New York City when the building was completed.

The rapidly growing amount of laboratory research in the Departments of Medicine and Pediatrics, together with the increased number of faculty and staff, required larger quarters and a broader range of modern, specialized facilities. These needs were met with the opening of the Laboratory of Clinical Investigation in 1966. The dedication of this strikingly modern research tower marked the beginning of a new era in clinical investigation at Yale.

Less than a month later, two additional units designed to advance research in clinical medicine were dedicated. These were the Lawrence M. Gelb Foundation Clinical Research Unit and the Clinical Research Training Center located in new floors added to the Hunter Building.

The Connecticut Mental Health Center, which also opened in 1966, has enabled the Department of Psychiatry to expand its programs of teaching and research and to increase significantly its services to the New Haven community. A collaborative undertaking of Yale and the State of Connecticut, the Center is located on Park Street immediately adjacent to the medical center. It represents both a major extension of Yale's role in community service and an unprecedented opportunity to expand the frontiers of psychiatric knowledge.

Extensive renovations in existing buildings have afforded vastly improved research facilities in various fields. The programs of investigation on ophthalmology and otolaryngology were furthered by completion of new laboratories in the Brady Building in 1966. In Sterling Hall of Medicine there has been remodeling of laboratories for physiology and for pharmacology, the latter having been dedicated in April 1967. A completely

new animal care unit and new primate quarters have also been finished recently in Sterling Hall.

In 1961, because of the increasing number of animals required for research, the school purchased a 20-acre farm in Bethany, about eight miles from downtown New Haven; and a second farm of 50 acres was acquired last year. A variety of animals including sheep, goats, pigs, horses, and dogs are cared for on these farms.

Currently under construction, as an addition to the Memorial Unit of the hospital, is a perinatal research center which will provide expanded facilities for care of the newborn and adjoining laboratories for study of events surrounding labor in mother and infant.

The cost of this construction over the past 15 years has been approximately 25 million dollars, and the visible expansion and improvement of the physical plant have been most impressive. The growth, however, has not been limited to bricks and mortar — or to steel and concrete. There has at the same time been an unparalleled strengthening of the faculty and a significant change in student enrollment.

Faculty and Students

The full-time faculty in the fall of 1952 numbered about 195. Several departments were seriously understaffed, and many of the medical and surgical subspecialties were not represented. Today there are 520 full-time faculty members, and an additional 560 part-time appointments.

Three new academic departments have been established. With the appointment of Dr. Morton M. Kligerman as professor and chairman in 1958, radiology became a university department. Prior to this, staff members of the hospital radiology service held faculty positions, but no separate department existed within the administrative structure of the medical school.

In February, 1960, announcement was made of a new Department of the History of Science and Medicine to be a part of both the Graduate School and the School of Medicine and to replace the Department of the History of Medicine. Dr. John F. Fulton, Sterling Professor of the History of Medicine, was named chairman.

Another major departmental reorganization occurred in 1961 when the Department of Epidemiology and Public Health was launched under the chairmanship of Dr. Anthony M. -M. Payne. This combined the Department of Public Health, organized in 1915, and the Section of Epidemiology and Preventive Medicine, begun in 1940. (An article about the department begins on page 9.) Also in 1961, the World Health Organization established one of its three Reference Serum Banks at Yale under the direction of Dr. John R. Paul.

As the building program has progressed and the faculty has increased, there have also been changes in the composition of the student body. During the war and post-war years, medical classes ranged from 50 to 65 students; however, in the fall of 1951, the medical class was increased to 80 students. It is anticipated that 88 students will be admitted this coming year.

The Bulletin of the School of Medicine for 1952-1953 lists 291 students registered for the M.D. degree, 25 for the master's degree in public health, and an additional 44 fellows and 109 graduate students, who were members of the hospital house staff — a total of 469. The 1966-1967 Bulletin lists 334 candidates for the M.D. degree, 91 candidates for degrees in public health, 198 fellows, 54 interns, and 122 assistant residents — a total of 799 students. Thus, the aggregate student enrollment has almost doubled.

The program of continuing education for practicing physicians has also expanded so that today, among the private medical schools, Yale has one of the most active programs in this field. In addition to a variety of sessions given at the medical center, the school currently has faculty participating in regularly scheduled educational conferences — weekly, biweekly or monthly — at 12 hospitals throughout Connecticut.

Financial reports also provide an index of the growth of Yale medicine in the past 15 years. The school's expenditures, over half of which are now derived from outside sources for research, have increased from about $2,719,000 to more than $16,000,000, and endowment has grown from $13,476,676 to $26,046,631. It may be of interest to alumni that during this period the school's scholarship funds have been increased from approximately $20,000 to $63,000.

The Teaching Hospital

Another major step forward has been the clarification of the school's relationship with what was originally known as the New Haven Hospital, subsequently as the Grace-New Haven Community Hospital, and now as the Yale-New Haven Hospital. The university and the hospital have maintained an intimate and cordial relationship for 140 years. The establishment of the Yale-New Haven Medical Center in 1954 and its incorporation in 1959 identified this union more clearly. It became apparent, however, that before raising funds for the hospital's further development, a new affiliation agreement was in order. This new agreement, symbol-

ized by the change in name, gives Yale a stronger voice in the affairs of the hospital but maintains the latter as a separate corporation with strong community representation. The new name also more appropriately identifies the hospital as a university teaching center.

Curriculum

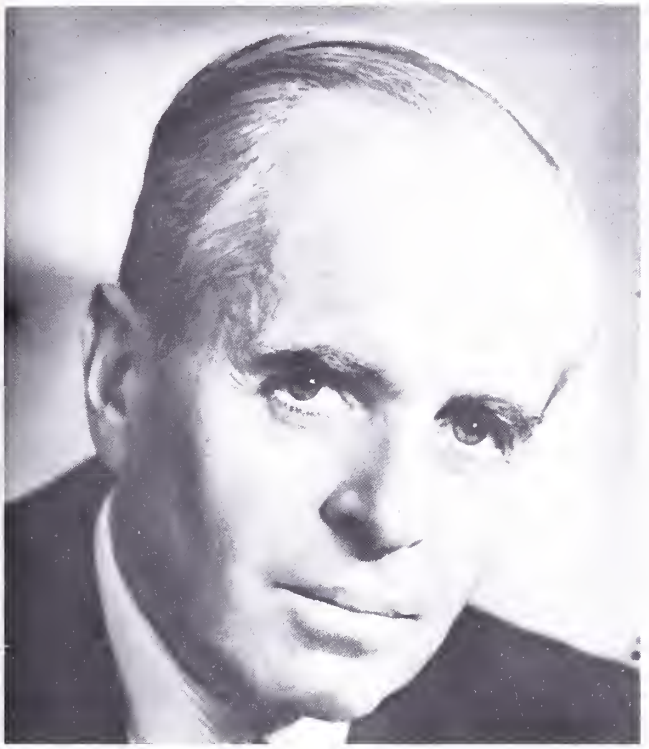
No discussion of the progress in the past decade and a half would be complete without note of the medical curriculum. What has been known to generations of Yale medical students as the "Yale System" is one of the major reasons for the success of this school over the past 40 years. It has withstood the skepticism of new faculty members who, coming from other schools, were sure it would not work.

Although the "Yale System" remains the foundation of the educational program, various minor curriculum changes have been made over the years. Committees have met, courses have been added, schedules have been altered, and methods of instruction have been changed. In 1963 a student advisory system was introduced. Nevertheless, the basic curriculum has remained relatively constant despite the ever increasing mass of knowledge, the variety of career opportunities available, the extension of post doctoral training, and the changing role of medicine in society.

During the past two years, the faculty has taken a serious look at these problems and has recommended a new approach which retains the best features of the old and faces up to the needs of a new generation of students who will be practicing medicine in the 21st century. The new curriculum was the subject of an article by Dean Lippard in the winter 1966 issue of *Yale Medicine*, and plans for its implementation are now in progress.

Many important events have been omitted from this brief review; however, one cannot help but be impressed by the growth of Yale medicine in the past 15 years. It is important to note that during this period of remarkable development and progress, the School of Medicine has not isolated itself from the university but has instead moved even closer to its parent institution. Although the school is a part of an outstanding medical center with its own extensive educational and research activities, it remains an integral part of a great university. One can truly say that, in many ways, Yale School of Medicine enjoys the best of both worlds — the clinical and the academic. As Dean Lippard noted at the Sesquicentennial Anniversary Program in 1960: "Our objective remains perfectly clear — the maintenance and cultivation of a community of scholars who, at various levels of maturity and experience, are learning together. In such an atmosphere, good physicians will be educated, and the frontiers of the science of medicine will be advanced for the benefit of all mankind. This is an effort worthy of a great university."

The Next Dean



On March 14 President Kingman Brewster, Jr., announced to a special meeting of the medical faculty and students that Dr. Fredrick C. Redlich, professor and chairman of the Department of Psychiatry, will succeed Dr. Vernon W. Lippard as dean of the Yale School of Medicine. At the same time, Dr. Redlich will become associate provost of Yale University for medical affairs. After the president's announcement, Dr. Redlich addressed the meeting informally as follows:

"Mr. Brewster, Mr. Taylor, Dr. Lippard, colleagues of the faculty of our medical school. I am honored, pleased, a little worried, and excited over the challenge of this task.

"Last summer, when I joined with some distinguished colleagues, in what Mr. Brewster called his "safari" for a new dean, I did not know that I would become the game. I accept the job. I accept the challenge.

"It is a challenge to succeed a wonderful man like Dr. Lippard. It is a challenge to work under the dynamic leadership which our university has now. It is a challenge to work with a strong faculty in an outstanding medical school and try to make it an even better medical school.

"But the challenge actually lies in the task. This is an old task — it is not a new one — to educate scientific, humane, and socially responsive physicians. This may almost sound trite, and yet if you think of it, there are not many schools in this country and in the world which do this. There are many trade schools, there are some business schools, there are schools of human biology and some schools of sub-human biology. We must not become any of these.

"Science has become very complex, so complex that today actually a medical student and physician can hope only to have some respectful acquaintance with it, with the exception of a very few. These few we need very badly. The spirit of inquiry for all students is basic and we must pursue it. To be humane today is not just a virtue. It is to a certain extent a question of knowledge — of a tiny bit of knowledge, nevertheless of knowledge — and this is for the first time in history. And we would hope to convey this knowledge to our students — to be socially responsive in a society which changes as rapidly as ours, which is governed by huge bureaucracies, where the consumer has become vociferous even though his needs are not always fulfilled. In such a society, social responsiveness is a necessity.

"Some believe that medicine today is in a state of crisis. I believe it is in a state of change. There are some signs that medical schools have not kept up with the great social changes in our society. For instance, I have been reminded that the half-life of a dean today is three years, and this is a sign of sickness of medical schools. And some of my friends have suggested that it is a sign of sickness that the medical school needs a psychiatrist to be its leader! Douglas Bond, a psychiatrist and close friend of mine who was dean at Western Reserve and just resigned from the deanship after what he called seven lean years, was asked whether he minded very much giving up his psychiatric practice to become a dean and he replied that nothing had changed, his patients just now have tenure. I do not expect, my friends, that I will look at this as a bit of psychiatric practice, although I hope to stay, to a certain degree, within my specialty as far as teaching is concerned.

"I told Mr. Brewster that I would accept this job only if I could tackle it with enthusiasm. I know I have the confidence of the university administration and the search committee. I will strive to gain the confidence of the faculty of the medical school — comprising a very broad range of experts in the healing arts and sciences. Trusting that I will achieve this, I accept with enthusiasm Mr. Brewster's assignment to make Yale University School of Medicine a place of unsurpassed excellence."

A profile of Dr. Redlich entitled "An Adventurous Psychiatrist" appeared in the Fall 1966 issue of *Yale Medicine*.

From Your Alumni President

The appointment of Dr. Fredrick C. Redlich as dean of the Yale University School of Medicine was well covered in the national press. On behalf of all Yale Alumni in Medicine, we welcome Dr. Redlich to this honorable post. He leaves his position of professor and chairman of the Department of Psychiatry to take over the duties of dean officially as of the first of July. All Yale alumni who have passed through the portals of the medical school in the past two decades have felt the impact of Dr. Redlich as teacher and clinician extraordinaire. His organization of the psychiatric service, and particularly the development of the new mental health center, are evidence of his administrative talents. I invite all alumni to attend the June meeting to meet or renew their acquaintance with the new dean.

You have already received the proposed amendments to the constitution of the Association of Yale Alumni in Medicine. It is noteworthy that we are expanding the scope of the association to include representatives from the public health alumni and the house staff. These amendments will be acted upon at the business meeting on June 10th. Comments and suggestions are encouraged and should be directed to your president if you will be unable to be present at the meeting.

I should like to report on several other activities of the Yale Alumni in Medicine. The principal event was the participation of our alumni group in the Yale National Alumni Meeting in St. Louis recently. Dean Lippard and your president traveled to St. Louis and met with an enthusiastic group of alumni and their wives for dinner. We had a chance to catch up on Yale affairs, to disseminate information about the expansion and development of the medical center, and to enjoy an exceedingly pleasant social occasion. The local organization was handled by Dr. Edward Eyerman of the class of 1957. I should like to express the appreciation of the entire alumni organization to Dr. Eyerman and his group for the efficient handling of this pleasant occasion.

I should also like to call attention of the alumni to the cocktail party at the annual meeting of the American Medical Association to be held in Atlantic City on June 19th at the Chalfonte Haddon Hall Hotel. Notification of the exact location and time will be sent subsequently. In the past this has been a very pleasant reunion for medical alumni who are attending the AMA meeting. Two other alumni gatherings have taken place this spring: one in conjuction with the California Medical Association meeting in Los Angeles on April 17th, and another on May 21st in conjunction with the North Carolina Medical Society meeting in Pinehurst. I attended both meetings and they offered an excellent opportunity to get together with alumni and bring them up to date on life at the Yale-New Haven Medical Center.

In closing, may I urge everyone to attend the annual Yale Medical Alumni Day festivities on June 10th. This will afford you the opportunity to meet the new dean and hear an outstanding panel discuss the new medical curriculum at Yale, as well as to renew old acquaintances and friendships. We all look forward to that annual occasion with much pleasant anticipation.

Lawrence K. Pickett

Lawrence K. Pickett, M.D.
President
Association of Yale Alumni in Medicine

Dr. Edward L. Eyerman, Jr., class of 1957, and his wife were hosts to the medical alumni group at the National Alumni Meeting in St. Louis in January.

Commitment to The Public Good

by Kathleen H. Howe, M.P.H.

Mrs. Howe is assistant professor of public health in the Department of Epidemiology and Public Health.

Just as it is no longer sufficient to define health as the absence of disease and disability, it is no longer accurate to conceive of public health as a routine, administrative kind of job, limited to the actions of governmental agencies and directed toward the prevention of infectious diseases, insect and rodent control, water purification, and food and milk sanitation. At the 94th Annual Meeting of the American Public Health Association in San Francisco last November, Surgeon General William H. Stewart said: "We are interested not only in the water a city drinks, but also in the noise it makes. We are interested not only in the disabling physical condition, but also in the boredom and desperation it generates. Our concern for the slum dweller includes concern for the slum conditions that surround him." These words, as well as any, describe the changing philosophy in the education of graduate students in the Department of Epidemiology and Public Health at the Yale School of Medicine.

Since the establishment of Yale's Department of Public Health in 1915 under the chairmanship of Professor C. -E.A. Winslow, the increase of bacteriological and epidemiological knowledge has placed the control of many communicable diseases on a firm scientific footing. Epidemiological discoveries of the roles of environmental and cultural influences, of genetic determinants, and of somatic precursors have made it possible to prevent some of the noninfectious diseases. Similarly, it has been shown that early diagnosis and proper treatment of the incipient stages of certain diseases will halt or minimize their progress. In the provision of medical care there has been a growing emphasis on rehabilitation – the physical, mental, and psychosocial re-education of the patient which enables him to achieve maximal potential usefulness to himself and society. These factors, then, form the substance of present day public health – the prevention of disease and the provision of medical care, made possible or implemented by organized social action.

But, as Dr. David E. Price of the Public Health Service has stated, "We cannot afford to preoccupy ourselves with yesterday's successes, when we are in the midst of tomorrow's problems." Our attention is demanded by a host of new problems arising from scientific advances and the changes in man's environment, greater and more rapid than ever before. Problems of radiological health, the growing recognition of the importance of mental health and human behavior in the well-being of mankind, the problems of soaring populations outstripping the food supply and other essential resources; changing disease patterns resulting from environmental changes and increased longevity; pollution of water and air; widespread use of insecticides in agriculture and of food additives and other complex chemicals in consumer goods and in industry; the changing patterns of organization and distribution of medical care – these are but a few of the new concerns facing today's and tomorrow's epidemiologist and public health practitioner.

Workers in public health and in the clinical disciplines must give mutual recognition to the role that each group plays if we are to keep pace with these emerging problems. The physician must appreciate that effective public health programs can prevent many disasters; the public health worker must be aware of the advances in the medical sciences and of the problems as well as the benefits they may bring. Both must recognize the potential importance of the sum of individual experiences.

Dr. Tulchinsky (center), condidote for the M.P.H. degree, typifies the modern public heolth physicion. Conference with Professor John D. Thompson (right) ond Professor I. S. Folk concerns o hospitol-bosed progrom to provide medicol core for the oged.

What kind of program is being offered at Yale to train the new breed of public health worker? Since 1961 — when the Department of Public Health, the Section of Epidemiology and Preventive Medicine, and the Rockefeller Foundation Virus Laboratories joined forces to form the Department of Epidemiology and Public Health — we have had the faculty resources to undertake research and teaching on the broadest scale. Opportunities for concentrating in a major field are provided in biometry, environmental health (including air hygiene, environmental engineering and sanitation, radiological health, urban environmental health, and vector control), epidemiology and control of chronic organic disease, epidemiology and control of infectious diseases, health education, maternal and child health, medical care and hospital administration, medical entomology, mental health, occupational health and public health administration.

The degrees offered are the Master of Public Health, the Doctor of Public Health, and — through the Graduate School — the Doctor of Philosophy. The course of study for the M.P.H. is normally two years, although certain qualified holders of doctoral degrees may complete the program in one year. Opportunities are provided in Connecticut and elsewhere for field experience under supervision and for the gathering of data for certain types of research.

What kinds of students are being trained in this program? Profiles of seven representative students should provide at least a partial answer to this question.

One who typifies the modern public health physician is a young Canadian. He is among the small but growing number of doctors who are interested in combining clinical practice in a group setting with the development of greater knowledge of the organization and financing of health services and of concepts of modern preventive medicine. Theodore H. Tulchinsky received his degree in medicine from the University of Toronto in 1961. In 1962, as a matter of conscience and in a move that required both conviction and courage, Dr. Tulchinsky went to Saskatchewan to provide medical care during the course of a highly publicized physicians' strike in that rural province. He later became a family doctor in a consumer-sponsored group practice, oriented toward the social and psychological needs of patients. During his three years with the clinic he conducted an active research program at the level of family medicine, as well as in the field of social service. Upon completion of his work at Yale Dr. Tulchinsky will go to St. Catharines, Ontario, to help develop a union-sponsored prepaid group practice in that industrial community.

Another physician with an entirely different orientation is Katherine Scudder Fraser, who received her M.D. from Cornell in 1943. Dr. Fraser was married to a fellow physician while still in medical school and has devoted the intervening years to family life. Now she is applying her professional interests to the burgeoning problem of population control. After receipt of her M.P.H. degree she wants to work for a health department or with the Planned Parenthood League, developing programs for birth control education and clinics in Connecticut. She is also interested in health education in schools, particularly in such areas as sex education and the use and abuse of drugs and alcohol.

Edsel M. Fussell is a lieutenant commander in the United States Navy on a two-year leave while obtaining his M.P.H. degree, with a major in medical entomology. He received his B.S. from the University of Georgia in 1954. Since that time he has worked in vector control for preventive medicine units of the Navy. In Norfolk, Virginia, during the course of studies in insecticide resistance, he detected the first known cases of resistance in German cockroaches and in bedbugs on navy ships. While stationed at Pearl Harbor he gave technical assistance in the control of medically important arthropods to the Navy and Marine Corps in Hawaii, Japan, Guam, the Philippines, Okinawa and Taiwan. In September he will be assigned to the Navy's Bureau of Vector Control in Vietnam, where he will be concerned primarily with malaria vectors but also with other disease-carrying insects such as flies, fleas and cockroaches. His previous studies in the dispersal of radioactive-tagged mosquitoes in the Pacific will undoubtedly serve him well in this new situation.

Patricia D. Mail is a young woman with a consuming interest in the health problems of the Indians of the Southwest. A graduate of the University of Arizona in 1963, and a recipient of an M.S. degree from Smith in 1965, she has been attracted to public health since childhood. Her father, until his retirement in 1960, was a medical entomologist with the United States Public Health Service and is now doing research in arbovirus infections at the University of Arizona. Miss Mail, a major in health education, spent the first semester of her second year doing her required field work with the San Carlos Apache Indians in Arizona, studying the extent of drinking problems in the tribe and their effects on arrest, accident, and injury rates. The Public Health Service plans to use her data as a baseline for collection of additional information concerning values, attitudes

Dr. Fraser (right) discusses problems of population control with her faculty advisor, Dr. Ira W. Gabrielson.

Lieutenant Commander Fussell (right), medical entomologist, will return to vector control program of U.S. Navy after receiving his degree. Professor Robert C. Wallis is his advisor.

Health problems of American Indians are studied by Miss Mail (left), who did field work last fall with Apaches in Arizona. She shows examples of Apache crafts to her advisor, Professor Kathleen H. Hawe.

Mr. Kovet, student in hospitol odministrotion, consults with Professor Poul S. Anderson (left) on opplicotion of computer techniques to heolth services.

Condidote for the Ph. D. degree in epidemiology, Miss Kelsey records o fellow student's score on o respirotory function test. She is ossisted by Professor Eric W. Mood, who served os on odvisor on her moster's essoy.

Dr. Amorin (right), director of heolth progroms for the Republic of Togo, is working toword o doctorote in public heolth. He confers here with his foculty odvisor, Dr. Edward M. Cohort, choirmon of the Department of Epidemiology ond Public Heolth.

and motivations in order to plan for preventive and rehabilitative programs. After she receives her M.P.H. degree Miss Mail plans to work for the Public Health Service Division of Indian Health.

A young student in the hospital administration program is Joel Kavet, the recipient in 1962 of a B.S. in economics from Rensselaer Polytechnic Institute. He completed a two-year tour of active duty as an officer in the Navy in 1964, and worked in the Department of Epidemiology and Public Health for a year as an assistant in research for Professor John D. Thompson, director of the program in hospital administration, before matriculating as a student. Now in his second year of the program, he is a resident at Beth Israel Hospital in Boston where in addition to his administrative duties, he has been gathering data for his master's essay on "The Application of Computer Simulation Techniques to the Surgical Subsystem." Mr. Kavet has been accepted by the Harvard School of Public Health for further study leading to the Doctor of Science degree in hygiene, with a concentration in health services administration. With his undergraduate work as an economics major and his graduate indoctrination in administration from a public health viewpoint, he represents the happy combination of disciplines that the department considers vitally important for the health administrator of the future.

Jennifer L. Kelsey received a B.A. degree *cum laude* from Smith College in 1964 and an M.P.H. from Yale in 1966, with a major in epidemiology. She is particularly interested in the effects of the physical environment on the health of man and the subject of her master's essay was "Demographic Factors in the Epidemiology of Chronic Bronchitis in Southern Connecticut." Realizing that in order to do good epidemiological research she needed more background in epidemiology, biometry, and the medical sciences than she had acquired in the two-year M.P.H. program, she applied for admission to the Ph.D. program in epidemiology and was accepted. During this period of study she is taking courses in the basic medical sciences, such as histology and pathology, and advanced courses in epidemiology, biometry and environmental health in preparation for work on her dissertation and later independent research.

Dr. Julio K. Amorin, an international student, is also a candidate for his second degree in public health. A native of Togo, Dr. Amorin received his M.D. from the University of Paris in 1952 and his M.P.H. from Yale in 1962. Since that time, in his capacity as director of administrative services, he has planned and implemented all health programs for his country. He was personally endorsed by President Grunitzky of Togo for the additional training that will provide him with a Doctor of Public Health degree. This, coupled with his doctorate of medicine, will qualify him as a professor in a situation where very few faculty members of West African universities are themselves Africans. In addition, his training will enable Dr. Amorin to act as a consultant in planning public health programs in neighboring West African countries as well as in Togo, planning that is currently being done by foreigners.

Dr. Amorin might well be called a bridge between the 19th and 21st centuries, representing as he does a country where maintaining the health of the people is one of the biggest problems, where communicable diseases are still rampant, yet a country where the authorities are not willing to stop with current problems and are training personnel to cope with those of tomorrow.

These seven individuals are representative of the 115 students enrolled in the Department of Epidemiology and Public Health. While the program has contributed importantly to their technical competence in meeting the challenges of public health, it is their personal commitment to the public good that will, in the long run, make the difference.

The Child Study Center *by Albert J. Solnit, M.D.*

Dr. Solnit, professor of pediatrics and psychiatry, is director of the Child Study Center.

Until 1948, when Yale's Child Study Center was established by its first director, Dr. Milton J. E. Senn, there was no facility in Connecticut for training child psychiatrists. The Child Study Center is an autonomous institute that carries on Yale's traditional scholarly interests in children, especially in psychological and educational aspects of child development. The Center, housed in the same building that contained Dr. Arnold Gesell's Clinic of Child Development, is a multi-service ambulatory clinical facility for children and their families providing postgraduate training and research opportunities for child psychiatrists and psychologists, pediatricians, medical students, educators, social workers and nurses. Under Dr. Senn's direction clinical and early child educational services were developed for the community and region as the substratum in which unique training and research programs could flourish. Although the Child Study Center has concentrated on setting standards of excellence in its service-training-research activities, it has become Connecticut's largest training and clinical facility in child psychiatry and child development, providing outpatient diagnostic, therapeutic and counseling services for more than 700 children and their families each year. In addition, more than 50 children each year attend the Child Study Center's Nursery School.

Children who are seen at the Center come from a wide variety of cultural, economic and ethnic backgrounds, and their ages range from infancy through 16 years. Known internationally for its training and research, the Center has also established a reputation for its applications of psychoanalytic theory to child psychiatry and to clinical and educational aspects of child development. While psychoanalysis has incorrectly been viewed as being uninvolved in the problems of disadvantaged members of our communities, the Child Study Center has pioneered in creating training programs and services designed to understand and assist the children of the poor. The Center has an extensive experience in translating clinical and theoretical knowledge from child development, psychiatry and psychoanalysis into applied knowledge in the fields of pediatrics, child welfare and public school education; and it has close working relationships with The Western New England Institute for Psychoanalysis.

In 1965 Dr. Senn, the distinguished Sterling Professor of Pediatrics and Psychiatry, stated:

The Child Study Center at Yale University was established to serve as a central unit where the several disciplines concerned with child growth and development could work together and as a meeting ground for the scholarly pursuits of the university and the pressing practical needs of society. While it is apparent that the field of study in human behavior and

The Center's multi-disciplinary approach to the study of child behavior and development was instituted by its first director, Dr. Senn (left), here discussing current programs with the present director, Dr. Solnit.

development is not confined to a single science or discipline but exists on a wide base of many contributing areas of knowledge, it is not so clear how to integrate knowledge of these areas in the best interests of scholarship and society.

University educators and administrators have long been aware of this problem and consequently have promoted the center or institute as a vehicle for diverse minds and ideas. It was designed to facilitate communication between persons in related disciplines and to assure the combination of efforts in research and in clinical application. Clearly child study is an area of research in human development where the joining of resources and the pooling of current knowledge are prerequisites for gaining greater scientific insight. Furthermore, society's interests are more compelling than ever before in their demands to know more and do more for the young. There is consensus that many grave problems of the present have their beginnings in events in the lives of the newborn, the pre-school and school age child.

In our frame of reference child study is an intricate complex, still to be fully known, where the forces of family, society, environment, constitutional endowment, personality, economics, religion, education, medicine, law and anthropology are all relevant factors for multidimensional perspective and understanding. The Child Study Center at Yale seeks to coordinate these interacting elements by blending scientific pursuits with social needs. Therefore the Center is discipline-oriented as it explores, tests, evaluates and teaches in specific disciplines relating to children, and it is society-oriented in its clinical application to children, their families and the community. The continuity of the Center's existence allows stability for study of various areas over a long period of time in the necessary depth. Thus it hopes to contribute a unified and related scientific body of facts, principles and theories for comprehensive knowledge about the child and his world.

The Child Study Center consists of four units: child psychiatry, child development, child psychology, and the nursery school. Thus, pediatricians, psychiatrists, psychoanalysts, psychologists, social workers and early childhood educators collaborate in the study and care of children and their families as is indicated by the child's needs and condition. Each senior staff member holds a joint appointment in the department of his basic discipline and in the Center. Traditionally sound clinical assessment and treatment are constantly elaborated by the ongoing clinical and experimental studies that each unit may conduct. Research and its applications are closely related, each refining the other and each having a deliberate and systematic influence on the training programs for psychiatrists, pediatricians and psychologists. Collaborations are determined by the nature of

Evaluation of developmental problems in infants and young children, with emphosis on early diagnosis ond intervention, is the concern of the Child Development Unit, heoded by Dr. Provence.

the clinical or research problem rather than by any routine or prescribed approach. Sound studies are the point of departure for adapting the study findings to the nature of the child's behavior and the family's needs.

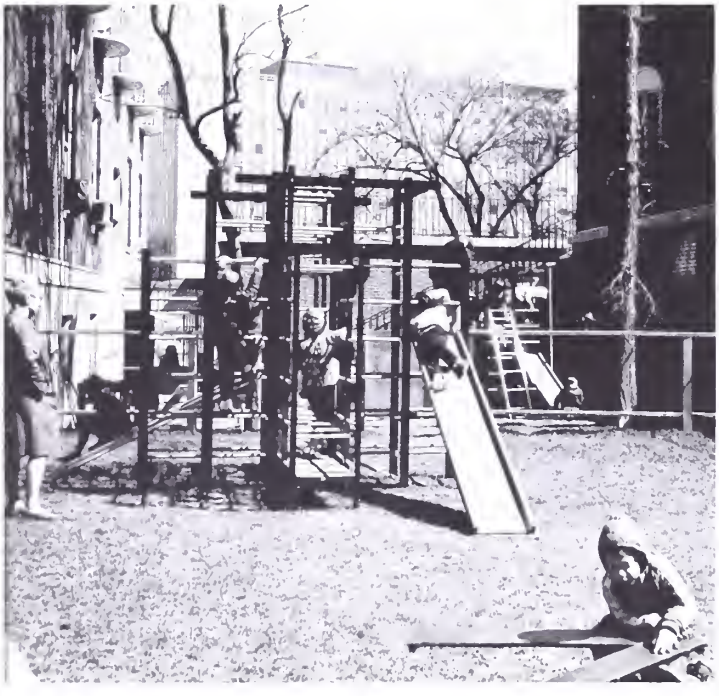
Additionally, collaboration with other disciplines and departments arises as dictated by the need for newer knowledge and its applications in the care of children in today's society. Such a pattern can be clearly seen, for example, in the current planning for a joint seminar of students and faculty members from the Yale Law School and Child Study Center to create an ideal Connecticut legal code for child disposition cases. Such a code will be based on the best available knowledge of child development applied to the concept of "in the best interests of the child."

Dr. Anna Freud will join the faculty for this seminar in the spring of 1968. There are many other examples of Child Study Center activities that have simultaneously developed training programs and quality services for the community: providing a psychiatric council in a concerted services program for a low-cost housing project; assisting in the development of High Meadows and Highland Heights, two residential treatment centers for disturbed children; providing professional staff for an educational center for deviant children and for a counseling facility for retarded children; providing psychiatric consultation to the New Haven prekindergarten schools and the North Haven school system.

As the Center prepares for the next decade, its senior staff plans to retain essential strength in the Center's primary fields (child psychiatry, child development, child psychology and early child education) as well as to continue close collaboration with the Departments of Pediatrics, Psychiatry and Psychology. At the same time, there are plans to enlarge the Center's research commitments in three crucial areas:

1. The longitudinal study of children from poor and disorganized families and their earliest developmental characteristics from birth to the age of seven. This study, organized by Dr. Sally Provence, who directs the Child Development Unit, concerns itself with knowledge about the plight of the large group of children who grow up in disorganized families, foster homes or institutions. This action-study will investigate how the permanent intellectual and emotional damage suffered by these children can be prevented by appropriate and sustained interventions.

2. An experimental psychological study of social and cognitive functioning in prekindergarten schools for the children of the poor. This study, organized by Dr. Edward Zigler, who directs the Child Psychology Unit, will experimentally investigate modes of socializing and learning that will enable early child educators to adapt curriculum and educational techniques to meet the learning characteristics and deficits of these disadvantaged children.



Nursery School, co-directed by Mrs. Lustman (left) and Miss Caspar, provides valuable educational experience for some 50 children annually and serves as teaching laboratory for students in child psychiatry, pediatrics, psychology, nursing, and nursery school education.

3. The establishment and evaluation of new models of collaboration between clinicians and teachers in the public schools. Directed by Dr. Albert J. Solnit, this demonstration study has evolved from a decade of collaborating with teachers, principals and administrators in public schools, especially prekindergarten through the sixth grade. Child psychiatrists, social workers and social scientists from the Yale Child Study Center are prepared to contribute in a sustained and systematic manner to the establishment of new models of education. In these models the knowledge and experiences of clinical specialists in child and family development can be integrated into and serve the primary educational aims of public school programs, especially those designed for environmentally disadvantaged children.

Outstanding studies, past and ongoing, at the Center have been critical in the preparation for these future programs in which many of the senior staff will participate. As the Center's coordinator of research, Dr. Seymour L. Lustman provides crucial leadership and assistance in research design and methodology. Other senior staff members whose creative contributions are essential include: Drs. Milton J. E. Senn, Samuel Ritvo, Melvin Lewis, A. Herbert Schwartz, Susan Harter, Martha Leonard, Mary McGarry; and Laura Codling, Audrey Naylor, Mary Stark, Ann Caspar and Katherine Lustman.

Future research commitments reflect the service-oriented emphasis of the Child Study Center's investigations. The act of rendering a service, an essential variable in such research, makes possible the continuity of observation and provides access to relevant data in child development which otherwise might be missed. Thus, most of the future research will, as in the past, provide pediatric, educational and psychological services, and the investigator will be prepared to act within the field of his observation, becoming, as it were, a part of the process which he studies. This requires that precautionary measures be taken to protect the validity of the data. In this manner the Child Study Center continues to root its functions in scientific and humanistic values which are unified in its research as well as in its training and service activities.

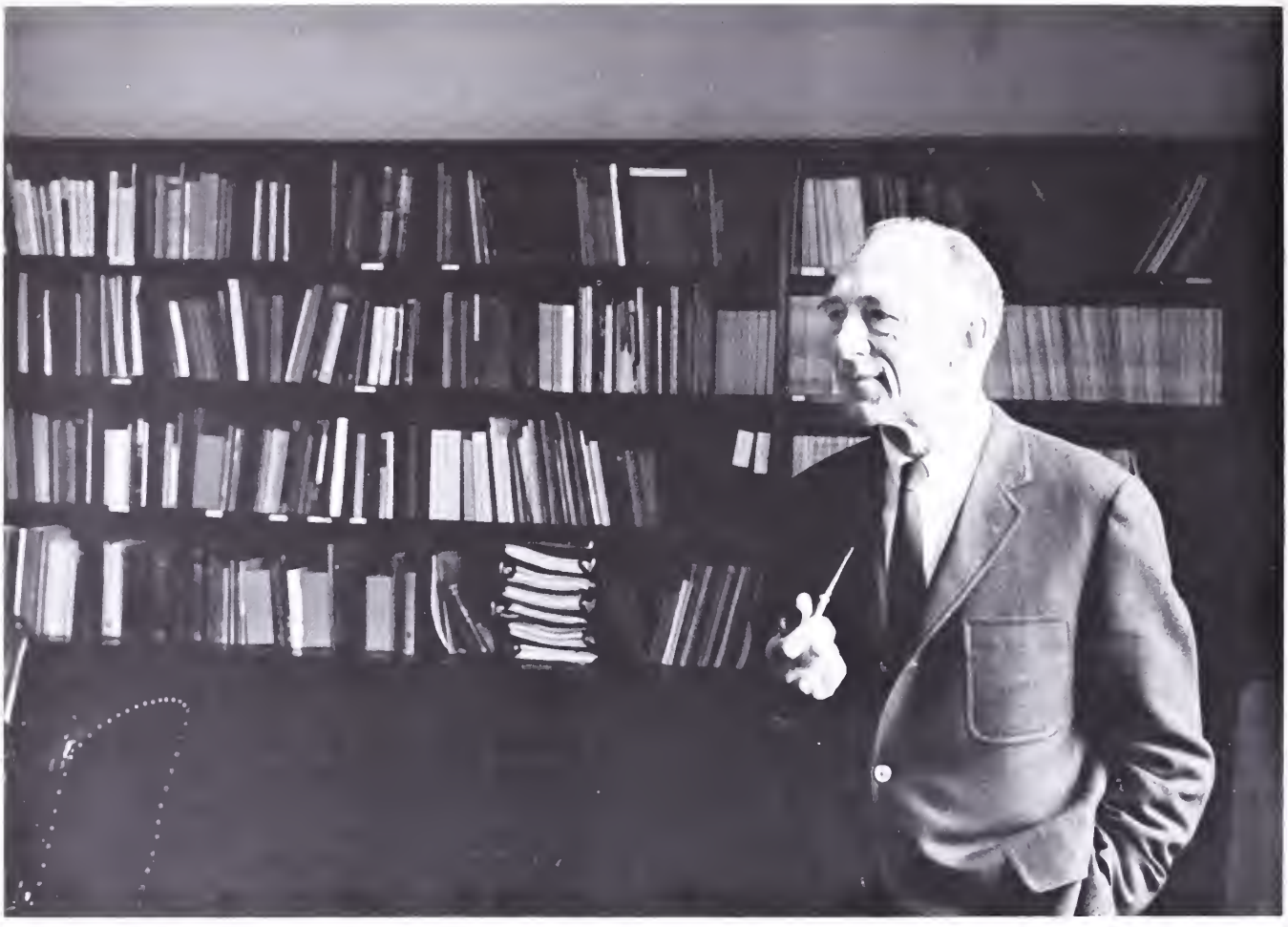
> *"New order of the ages" did we say?*
> *If it looks none too orderly today,*
> *'Tis a confusion it was ours to start*
> *So in it have to take courageous part.**

* From "For John F. Kennedy His Inauguration" from *In The Clearing* by Robert Frost. Copyright © 1961, 1962 by Robert Frost. Reprinted by permission of Holt, Rinehart and Winston, Inc.

Future training and research programs, reflecting service-oriented emphasis of the Center's activities, are being planned by senior staff members (left to right) Drs. Zigler, Lustman, and Ritvo.

The Dean of Deans

Faculty Profile: *Vernon W. Lippard, M.D., Sc. D.*, Dean, and Professor of Pediatrics



A decade ago the official position of organized medicine on the country's doctor shortage was that it didn't exist. "A sufficient number of physicians is being produced to handle the nation's health needs adequately," an AMA president stated. "The extreme predictions of doctor shortages by the alarmists a few years ago simply have not come true, and the indications are that those persons cannot document any trend toward a shortage in 1960, 1965 or 1975."

The leading spokesman among the "alarmists" was a man who had then been in the forefront of American medical education for more than a dozen years. Dr. Lippard, the dean of three medical schools since 1946, had not only warned of a decline in the physician-to-population ratio, but had also emphasized the important distinction between *demand* and *need* for medical services. That distinction was soon to lose its subtlety with the sweep of legislation that effected profound changes in the distribution of and payment for health services.

Dr. Lippard was the first person to bring the issue forcefully to the attention of the public. In a long interview published by *U.S. News and World Report* in 1958, he predicted that the doctor shortage would be acute by the mid-1970's unless some 20 new schools of medicine were established and existing schools increased their enrollments. When he retires as dean this June, he will have seen 16 new institutions, including those under development, added to the nation's roster of medical schools in the past nine years. For many of them, he has served as planning consultant or adviser.

The urbane, pipe-smoking dean, who has traveled over much of the world, is a cosmopolite by conviction and by ancestry. His father, an Englishman, migrated to Massachusetts at about the turn of the century and settled in Marlboro. His Canadian-born mother was descended from New England loyalists who had fled to Nova Scotia during the American Revolution. The first of their two sons, Vernon William Lippard was born in

Marlboro, October 4, 1905. He attended local public schools and had seldom been beyond the borders of the Bay State before he entered Yale College as a freshman in 1922.

"My first year at Yale was actually rather traumatic," he recalls. "Many of the older students had seen war service and had experienced what I thought were glamorous adventures. I was at the other extreme, 16 years old and just about the least sophisticated person on the campus.

"In those days the freshmen residences were old town houses that had been bought and converted by the university. I was in one on York Street, where the back of the Sterling Library is now. Lucius Beebe lived in the same entry. He was several years older than I, wore a pearl gray fedora hat and double-breasted suede vests, and was very much the dandy. I wouldn't have dared speak to him."

Working his way through college, the "least sophisticated" student waited on tables in the boarding houses that lined much of College, York, and Wall Streets. During the summers he worked as a house painter, farm hand, and nature counsellor at a boys' camp where he developed the interest in children that later directed his medical career toward pediatrics.

At Yale's Sheffield Scientific School he was motivated to major in biology by a beginning course with Professor Lorande Woodruff. "The Biology Department was an exciting place under Professor Ross Harrison. In addition to Woodruff, there were Wesley Coe and Alexander Petrunkevitch. It was a very strong attraction to the biological sciences that made me decide to go on to medicine.

"At that time it was possible to enter the Yale School of Medicine after three years of college and be awarded the bachelor's degree at the end of the first medical year. Admissions procedures were much easier then. Candidates were interviewed by Dean Winternitz and Miss Dasey (the registrar) together, and no letters of reference were required. Before I had left his office, the dean told me, 'All right, you can come.' "

That was in 1925. The medical school had recently moved from York Street to Cedar Street, where the first section of Sterling Hall of Medicine had been completed. To get there one had to go through the Oak Street slums which were depressingly symbolic of the separation between medicine and the other disciplines of the university.

Years later Dean Lippard was to champion the role of the medical school as an integral part of the university, not only at Yale but at similar institutions throughout the country. In his 1955 presidential address to the Association of American Medical Colleges, he said, "The day has long passed when medical education and research can be carried on efficiently in isolation. Intimate association not only with the natural sciences but also with the behavioral and social sciences and the humanities is essential if medicine is to be concerned, as I believe it should be, with the influence of the physical and social environment on the mental and physical well-being of the individual."

As a first-year medical student, Vernon Lippard — although only 19 — had begun to acquire sophistication. "I felt that I was grown up and had found myself, but I was still pretty broke. There was only one scholarship in the medical school then and I didn't get it. I did get a break, however, in an appointment to the bookstore that was operated by three students in Sterling Hall basement. Each year, a second year student was selected for the job and held it through the three remaining years. We were open about three hours a day, handling book sales and a laundry service, and that put me through medical school."

His first medical job came during an outbreak of smallpox in New Haven. "It was a mild epidemic but frightening, and the City Health Department ordered mass vaccination. They hired medical students to go to the factories where people lined up by the hundreds. I vaccinated the employees of the New Haven Clock Company, feeling for the first time like a real doctor."

With his M.D. degree, awarded *cum laude* in 1929, Dr. Lippard received the Parker Prize, given annually to the graduating student "who has shown the best qualifications for a successful practitioner." In retrospect, he notes with amusement that few of the students spotted by the faculty as practitioners have gone into general practice. The Parker Prize winner in a class preceding his, for instance, became an anatomist and edited *Gray's Anatomy* for many years.

A year's internship with Dr. Grover Powers at the New Haven Hospital confirmed Dr. Lippard's interest in pediatrics. In 1930 Dr. Powers helped him obtain a residency at Cornell under Dr. Oscar Schloss, chairman of pediatrics. The department's base was at the New York Nursery and Child's Hospital, since demolished. The hospital neighborhood, which has recently undergone extensive renewal and is now the location of Lincoln Center, was then the northern end of New York's west side slum known as Hell's Kitchen.

"There were frequent brawls in the streets where we

traveled at all hours of the day and night to make home visits. But as far as I know, no doctor was ever molested. We were identified, by the white trousers and black bag, as coming from Nursery and Child's."

Dr. Lippard's research interest at that period, electrolyte balance in newborn infants, stemmed from the high incidence of infantile diarrhea in the impoverished neighborhood of the hospital. "Milk was sold out of large, wide-mouthed cans in dingy grocery stores. People came with open pails and filled them with a dipper that hung on the wall collecting flies between uses. The milk was carried home to feed the baby and pretty soon the baby was carried into the hospital. In the summertime the wards were full of infants with summer diarrhea and nearly a quarter of them died. The problem was to keep them going with intravenous infusions every three or four hours until the diarrhea subsided. When you had 20 or 30 infants on a ward, you spent all your time giving infusions to one after another."

In the fall of 1932, Cornell's pediatrics department — with Dr. Lippard as chief resident — moved to the newly completed New York Hospital on the East River. Dr. Lippard was appointed an instructor on the Cornell faculty and began his research on the immunology of early infancy. His studies on infant immunity to hemolytic streptococcal infections, the passive-transfer antibody, and the development of hypersensitivity following initial ingestion of proteins resulted in the publication of many papers, at least one of which — on immune response following ingestion of foods in infancy — has become a classic.

His interest in another field, public health services for children, brought him to the attention of the United States Children's Bureau which asked him to direct a study on the care of crippled children in New York City. In 1938-1939 he headed a team of social workers and statisticians that located almost every crippled child in the city and investigated in detail the care given to those

Reviewing architectural plans for new construction at the medical school, Dean Lippard confers with Dr. Arthur Ebbert, Jr., associate dean.

in a representative sample. The study formed the basis of his book *The Crippled Child in New York City.*

"Soon after my book was published I had a call from Mayor Fiorello LaGuardia asking me to come to his office. He had a copy of the book that he had filled with marginal notes and slips of paper making points on which he wanted more information. He impressed me as a magnificent example of a public servant who was really concerned."

At the height of the depression, when the prospect of a career in academic medicine seemed dim, Dr. Lippard requested a year's leave of absence from Cornell to work as the assistant to a Park Avenue pediatrician. Many of his patients belonged to wealthy families who alternated residence between town houses and country estates. On more than one occasion he found himself being rushed to a Long Island mansion in a chauffered limousine to treat a sick child.

"It was an invaluable experience for one who was to devote the rest of his life to education because it gave me an idea of the problems of the practicing physician. It also removed any lingering doubts as to whether I should be an academician or a practitioner. I decided that, for me, teaching and research were more exciting. My only regret is that the responsibilities of a deanship have in recent years kept me away from patients and the laboratory."

He was first introduced to administrative responsibilities in 1939 when he accepted an invitation from Dean Willard Rappleye of the College of Physicians and Surgeons to join the Columbia medical faculty as assistant dean. The following year he was named associate dean, the post from which he took leave of absence for military service in 1942.

Commissioned a major in the Army Medical Corps, he joined the 9th General Hospital Unit which was ordered to report at the Boston Port of Embarkation. "We arrived at the port, ready to go off and fight the war, and they put us on a ferry boat for Fort Andrews. We were 30 officers and 600 enlisted men sitting on an island defending Boston Harbor. Just for something to do, we ferried over to the mainland several times a week and hiked 10 or 20 miles a day."

Physical conditioning to Army life was no problem for Dr. Lippard, an athlete since his school days. As an undergraduate at Yale, he had played on the varsity lacrosse team. Later he switched to tennis which he has played on almost every day of his summer vacations for more than 30 years.

The 9th General Hospital saw action in the Southwest Pacific, first on Goodenough Island off the coast of

During World War II Dr. Lippard was executive officer and chief of laboratary with the 9th General Hospital in the Southwest Pacific. At New Guinea, islanders helped build a 1000-bed hospital.

New Guinea, where Dr. Lippard was executive officer of the unit. "Our job was to establish an advance base hospital and we had to start from scratch, of course. We selected a site in a field of high kunai grass which native workmen cut for us with machetes. They built several thatched huts for our headquarters buildings and we set up tents for a 1000-bed hospital. To provide a water supply we dammed a mountain stream a few hundred yards away and laid a pipe to the hospital area.

"The Japanese bombed us but, fortunately, they weren't very good shots. Nobody was killed. Once we had an invasion scare. We hid emergency rations in the hills and got out our rifles – about six of them for the whole outfit, as I recall – but the invaders never came."

Battle casualties were brought to the hospital from the Solomons, New Britain, and other islands nearby. The most serious problems, however, were malaria and scrub typhus. The latter, also known as tsutsumaguchi fever, produced one of the worst epidemics of the war in the Pacific. Dr. Lippard, in charge of the hospital laboratory, spent much of his time doing autopsies in an effort to learn more of the pathology of scrub typhus. His tent mate and two of his laboratory assistants died in the epidemic.

From Goodenough, Dr. Lippard moved first to Biak Island to head a larger service and research laboratory and then to Manila where during the last few months of the war he was chief of medical personnel for the Army Forces of the Southwest Pacific. He held the rank of colonel when he came home for discharge in 1945.

Back at Columbia, he organized a program of postgraduate refresher courses for physicians returning from military service. "By the following summer I felt it was time for me to get out and run my own show. I took the first dean's post that came along – at Louisiana State University School of Medicine. But when I arrived in New Orleans I discovered that the school was in a sorry state. The former dean had been fired, a fact he learned from the newspapers. The faculty was demoralized and non-existent in some departments."

Dean Lippard devoted three years to putting the school on its feet. During that period he was offered the deanship at several other medical schools, including the University of Virginia School of Medicine, to which he moved in 1949.

His experience in Virginia was a happy one and the Lippards found Charlottesville a delightful place to live. Soon after their arrival, Dean Lippard was appointed to a 12-man international commission assigned to study health services in Italy under the sponsorship of the World Health Organization and the Rockefeller Foundation. He took a three-month leave of absence in Rome to carry out his part of the survey, the education of physicians and other medical personnel, and to help write an extensive report to the Italian government.

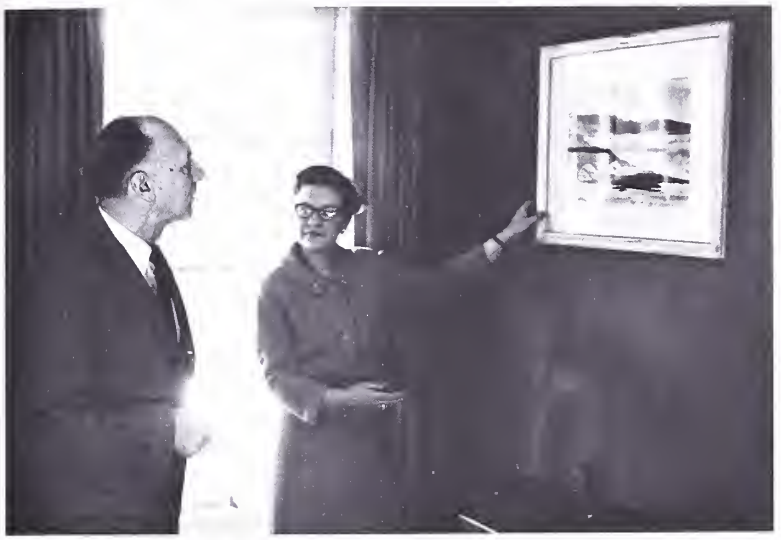
In 1952 Yale President A. Whitney Griswold asked Dr. Lippard to return to his alma mater to succeed Dean C. N. Hugh Long who had guided the school through the difficult years following the war and now wished to devote his time entirely to research and teaching. Dr. Long had urged that his successor not be burdened with responsibility for courses, and Dr. Lippard became the school's first full-time chief administrator. For six months, in fact, he gave double-time service as the medical dean of both Yale and the University of Virginia, commuting between the two schools from July, 1952, until the following January when he and his family moved permanently to New Haven.

Dr. Lippard met his wife, the former Margaret Isham Cross, when he was interning at New Haven Hospital. A recent graduate of Smith College, she had come to Yale to work with the late Dr. John F. Fulton, professor of physiology, as secretary and cataloguer of his historical library. Mrs. Lippard's father, the Reverend Judson Lewis Cross, had graduated from Yale Divinity School in 1904.

The Lippards' daughter, Mrs. Robert T. Ryman of New York, is well known in the art world by her maiden name, Lucy Lippard. One of this country's most articulate spokesmen on contemporary art, she is New York editor of the magazine *Art International* and the author of two distinguished books: *Pop Art*, in the Praeger World of Art Series; and *The Graphic Work of Philip Evergood*. Mrs. Ryman was an art major at Smith College and took an M.A. degree at New York University Institute of Fine Arts. She and her husband, who is an artist, have one son, Ethan, born in 1964.

The dean's interest in his daughter's career is more than a matter of paternal pride. He has a keen appreciation of art and is himself a talented and prolific amateur painter. Several of his oils and water colors hang in the Lippards' Lincoln Street home and many more are stored in the attic. Some of them are scenes of the Maine coast where the family has a summer home on Georgetown Island near the mouth of the Kennebec River. Mrs. Lippard's association with the island goes back to her childhood summers at her parents' vacation home. In 1939 she and her husband built their own house nearby.

Among the Lippards' vacation pleasures is one that can't be indulged in Maine: a fondness for Romanesque art. "We don't presume to be experts," the dean points out, "but we're fascinated by it. We have spent some



A little to the right? Dean and Mrs. Lippard hang a painting in their living room. Picture is a Maine coast scene by Dr. Lippard.

The dean with his grandson, Ethan Isham Ryman.

wonderful summers prowling around France, northern Italy, and Spain in a Volkswagen, exploring Romanesque churches off the beaten path."

The dramatic growth of Yale medicine under Dean Lippard's administration is described in outline elsewhere in this publication. During these 15 years the school's prestige has been further enhanced by the distinguished role of its dean in national medical affairs.

His strong advocacy of broader opportunities for medical training has effectively influenced both public and private planning in this field. A member of the Surgeon General's Consultant Committee on Medical Education in the 1950's, he took an active part in preparing the committee's report, *Physicians for a Growing America,* published in 1959. In addition, he has been a consultant on the establishment of new medical schools at Rutgers, the University of Florida, the University of Kentucky, and Mount Sinai Hospital among others, and on the reorganization or expansion of several existing schools of medicine, including those at the universities of Missouri, West Virginia, and Colorado, and at Stanford.

As a member of the National Committee on Health Services for the aged, he was one of the small group that helped lay the foundation for the development of the Medicare program. He has been active for many years in the Association of American Medical Colleges and was president in 1954-1955. He has also served on the boards of medical consultants of the Oak Ridge Institute of Nuclear Studies and Brookhaven National Laboratory. His numerous other advisory posts have included membership on the Board of Counsellors of Smith College, and among his honors is a Doctorate of Science awarded by the University of Maryland in 1955.

Dr. Lippard has been called "the dean of deans" in American medicine, both because of his outstanding contributions to medical education at the national level and because he currently holds the country's record term of service as a medical school dean. He is also Yale's senior dean in years of service. Last spring he asked not to be considered a candidate for reappointment when his third five-year term expires this June. In announcing Dr. Lippard's new appointment as Assistant to the President and Fellows of the Yale Corporation for Medical Development, President Kingman Brewster said:

"Yale has been lucky to have the leadership of Dean Lippard during the crucial mid-century decades of its medical development. New Haven as well as the university owes a great debt to Dean Lippard for the progress of Yale-New Haven medicine over the last 15 years. Our medical science, medical training, and medical care are all a source of pride to both the university and the community. We are resolved to maintain our pace along the road the dean has marked out for us."

Internship Appointments *Class of 1967*

Daniel Leon Arons, medicine, Boston City Hospital, Boston, Massachusetts.
Edward Wayland Bartlett, pediatrics, Yale-New Haven Medical Center, New Haven, Connecticut.
William Gordon Baxt, medicine, Presbyterian Hospital, New York City.
Arthur Louis Beaudet, pediatrics, Johns Hopkins Hospital, Baltimore, Maryland.
Richard Steven Bockman, Rockefeller University School of Graduate Studies, New York City.
Arthur Walker Boddie, rotating, Henry Ford Hospital, Detroit, Michigan.
Daniel James Booser, medicine, Health Center Hospitals of the University of Pittsburgh, Pittsburgh, Pennsylvania.
Gary Crites Burget, surgery, Presbyterian Hospital, New York City.
William Thompson Cave, Jr., medicine, University of Virginia Hospital, Charlottesville, Virginia.
Alan Lee Circle, medicine, Michael Reese Hospital and Medical Center, Chicago, Illinois.
David Milton Conkle, surgery, Vanderbilt University Hospital, Nashville, Tennessee.
Kenneth Foree Crumley, pediatrics, Duke University Hospital, Durham, North Carolina.
Marian Clare Davidson, pathology, Yale-New Haven Medical Center, New Haven, Connecticut.
James Joseph Dineen, Jr., medicine, Massachusetts General Hospital, Boston, Massachusetts.
Timothy Joseph Dondero, Jr., pathology, Yale-New Haven Medical Center, New Haven, Connecticut.
Alexander Francis Dora, rotating, Los Angeles County Harbor General Hospital, Torrance, California.
James Michael Dowaliby, Jr., surgery, Yale-New Haven Medical Center, New Haven, Connecticut.
John Albert Drews, surgery, University of California Hospital, Los Angeles, California.
Peter Roy Egbert, medicine, Cleveland Metropolitan General Hospital, Cleveland, Ohio.
Dennis Grant Egnatz, rotating, Cincinnati General Hospital, Cincinnati, Ohio.
Herbert William Felsenfeld, rotating, New Britain General Hospital, New Britain, Connecticut.
Melvin Victor Goldblat, medicine, Mount Sinai Hospital, New York City.
Karen Leslie Harkavy, pediatrics, Bronx Municipal Hospital Center, New York City.
Richard Joseph Hart, Jr., medicine, District of Columbia General Hospital, Washington, D.C.
Victor Mellet Haughton, 3rd., medicine, New England Medical Center Hospitals, Boston, Massachusetts.
Philip Jonathan Hauptman, medicine, Roosevelt Hospital, New York City.
Lawrence Nathan Henry, surgery, Peter Bent Brigham Hospital, Boston, Massachusetts.
Richard Lee Heppner, medicine, Presbyterian Hospital, New York City.
Peter Noel Herbert, medicine, Yale-New Haven Medical Center, New Haven, Connecticut.
George Pritchett Herr, rotating, St. Vincent's Hospital and Medical Center, New York City.
David Lane Ingram, pediatrics, Yale-New Haven Medical Center, New Haven, Connecticut.
Mary Jurbala, pathology, Yale-New Haven Medical Center, New Haven, Connecticut.
John Robert Kirkwood, pediatrics, Children's Hospital Medical Center, Boston, Massachusetts.
Melvyn Theodore Korobkin, medicine, Beth Israel Hospital, Boston, Massachusetts.
Carl Edward Lane, surgery, Yale-New Haven Medical Center, New Haven, Connecticut.
Anthony Philip Lovell, medicine, H.C. Moffitt-University of California Hospitals, San Francisco, California.
Barry James MacAnally, medicine, North Carolina Memorial Hospital, Chapel Hill, North Carolina.
Laura Kirchman Manuelidis, pathology, Yale-New Haven Medical Center, New Haven, Connecticut.
Carl Kelley Marling, medicine, Jackson Memorial Hospital, Miami, Florida.
Ralph Gerald Maurer, rotating, Vancouver General Hospital, Vancouver, British Columbia.
Halbert Bayless Miller, medicine, Stanford University Affiliated Hospitals, Palo Alto, California.
James Victor Miller, medicine, Barnes Hospital, St. Louis, Missouri.
Stephen Wilmot Miller, surgery, New England Medical Center Hospitals, Boston, Massachusetts.
William J. Mitchell, medicine, Cleveland Metropolitan General Hospital, Cleveland, Ohio.
Joseph Lee Morris, surgery, University Hospital, Baltimore, Maryland.
Jennifer Robinson Niebyl, medicine, Cornell University Hospitals, New York City.
John David Northup, Jr., medicine, Cornell University Hospitals, New York City.
Robert Henry Noth, medicine, Temple University Hospital, Philadelphia, Pennsylvania.
Brian John Oak, medicine, State University of New York Upstate Medical Center, Syracuse, New York.
John Orlando Pastore, Jr., medicine, Yale-New Haven Medical Center, New Haven, Connecticut.
Daniel Franklin Phillips, medicine, Cleveland Clinic Hospital, Cleveland, Ohio.
Cynthia Jane Rapp, pediatrics, Children's Medical Center, Seattle, Washington.
Brian Francis Rigney, medicine, Yale-New Haven Medical Center, New Haven, Connecticut.
James Johlin Robinson, N.A.S.A. Ames Research Center, Moffet Field, California.
Robert Ivan Roy, rotating, Maine Medical Center, Portland, Maine.
Joseph Anthony Sabbatino, rotating, Edward J. Meyer Memorial Hospital, Buffalo, New York.
Jonathan Lewis Savell, medicine, University of Utah Affiliated Hospitals, Salt Lake City, Utah.
Stephen Callender Schimpff, medicine, Yale-New Haven Medical Center, New Haven, Connecticut.
Sidney Crawley Smith, Jr., medicine, Peter Bent Brigham Hospital, Boston, Massachusetts.
Helen Lida Smits, medicine, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania.
Lewis Samuel Solomon, medicine, Parkland Memorial Hospital, Dallas, Texas.
Martin Herbert Stein, rotating, Hospital of St. Raphael, New Haven, Connecticut.
Robert Stephen Steinberg, pediatrics, Yale-New Haven Medical Center, New Haven, Connecticut.
Richard Beckman Swett, surgery, H.C. Moffitt-University of California Hospitals, San Francisco, California.
Martin David Tilson, 3rd., surgery, Yale-New Haven Medical Center, New Haven, Connecticut.
Robert Alan Vogel, medicine, University of Colorado Medical Center, Denver, Colorado.
Robert Anthony Vollero, medicine, Hahnemann Medical College and Hospital, Philadelphia, Pennsylvania.
Joseph Francis Walter, Jr., pediatrics, New York Hospital, New York City.
Mary Frances Williams, surgery, Health Center Hospitals of the University of Pittsburgh, Pittsburgh, Pennsylvania.
Redford Brown Williams, medicine, Yale-New Haven Medical Center, New Haven, Connecticut.
Carl Michael Yood, surgery, University Hospital, Ann Arbor, Michigan.
Ihor George Zachary, medicine, Buffalo General Hospital, Buffalo, New York.
Peter Michael Zeman, rotating, Hartford Hospital, Hartford, Connecticut.

In and About Sterling Hall

New Laboratories for Pharmacology

Twelve newly completed laboratories for pharmacology in Sterling Hall of Medicine were dedicated at ceremonies on April 4. Constructed at a cost of nearly half a million dollars, the new facilities were made possible by a grant of $230,000 from The Wellcome Trust of London, England, with matching funds from the United States Public Health Service.

The Right Honorable Lord Franks of Headington, chairman of the Wellcome Trustees and former British Ambassador to the United States, was the guest of honor and featured speaker at the dedication. Other participants included Charles H. Taylor, Jr., provost of Yale; George H. Hitchings, vice president in charge of research, Burroughs Wellcome and Company of Tuckahoe, New York; Dean Vernon Lippard; and Dr. Arnold D. Welch, Eugene Higgins Professor and chairman of the Department of Pharmacology.

Located on the second and third floors of the B wing of Sterling Hall, the new laboratories have increased the area devoted to basic research facilities in the Department of Pharmacology by approximately 40 per cent.

"The rapid growth of the department in the past 14 years has resulted in the doubling of our research personnel, a group considered as perhaps being unsurpassed in pharmacological research strength by any other institution," Dr. Welch said. "A critical shortage of space, however, necessitated additional facilities to ensure the continued progress of these highly skilled investigators. The generous gift of The Wellcome Trust, in enabling us to build and equip first-quality laboratories, gives magnificent impetus to our research objectives."

Lord Franks noted that The Wellcome Trust gift to Yale is the largest ever awarded in the United States by the British philanthropic foundation. "For the Wellcome Trustees to select the Department of Pharmacology at Yale University for an award of $230,000 demonstrates the very high international esteem in which the work of Professor Welch and his colleagues is held," he said.

New Dean of Nursing

Margaret Arnstein, formerly chief of nursing with the United States Public Health Service, has been appointed dean of the Yale School of Nursing, effective July 1. She will succeed Dean Florence S. Wald, head of the nursing school since 1959, who last year requested that she not be reappointed. Dean Wald will return to full-time teaching, research, and clinical practice.

Miss Arnstein, currently a professor at the University of Michigan School of Public Health, has frequently lectured at Yale and held the Annie W. Goodrich Visiting Professorship here in 1958. A native of New York City, she graduated from Smith College and took her diploma in nursing at the Presbyterian Hospital School of Nursing in New York. Her advanced degrees include an M.A. in Public Health Nursing from Teachers College, Columbia, and an M.P.H. from Johns Hopkins.

In announcing the appointment of the new nursing dean, President Brewster said: "Miss Arnstein's distinction, experience, and international reputation equip her admirably to lead the Yale School of Nursing. Her appointment gives us a remarkable opportunity to reappraise the needs of all the health care professions and to make a constructive contribution to meeting an urgent national need for more and higher quality health manpower."

Pravost Taylor, Lard Franks, and Dr. Welch visit one of the new pharmacalagy labaratories.

Foreign Fellowship to Student

Laura A. Smith, a third-year medical student, has been awarded a Smith Kline & French Laboratories Foreign Fellowship that will permit her to work for 11 weeks this summer at a hospital in a rural area of Thailand. She is one of 31 American medical students selected by the association of American Medical Colleges to receive these fellowships for 1967.

Miss Smith, whose home is Ashland, Ohio, will leave in June for Buriram Hospital, Buriram, in northeastern Thailand. She will work under the supervision of Dr. Suchint Phalakornkule, director of the 120-bed hospital which serves a province with a population of 700,000. She is the third Yale medical student to receive a Smith Kline & French Laboratories Foreign Fellowship since the program was established eight years ago.

New Book

PSYCHOANALYSIS—A GENERAL PSYCHOLOGY: *Essays in Honor of Heinz Hartmann* edited by Rudolph M. Loewenstein, Lottie M. Newman, Max Schur, and Albert J. Solnit, professor of pediatrics and psychiatry, and director of the Child Study Center. (International Universities Press, Inc.) Heinz Hartmann, widely considered the most influential contemporary contributor to Freudian psychoanalytic theory, has set forth guidelines and posed fruitful questions for a generation of psychoanalytic research. The 32 papers in this *Festschrift* speak for themselves but at the same time elaborate formulations or questions suggested by Hartmann's work. Their range demonstrates the richness of his ideas and the scope of his inquiries.

The papers are grouped according to six categories: the man and his work, the history of psychoanalysis, aspects of normal and pathological development, contributions to psychoanalytic theory, clinical problems, and correlations and applications of psychoanalysis. The authors include Dr. Solnit and two members of the senior staff of the Child Study Center, Dr. Seymour L. Lustman, professor of psychiatry, and Dr. Sally Provence, professor of pediatrics.

Faculty Notes

Dr. Gerald Klerman, associate professor of psychiatry, attended a meeting of the World Health Organization scientific group on research in pharmocology in Geneva, Switzerland, December 5-10. Participating as an advisor, he presented a paper entitled "The Clinical Effectiveness and Side Effects of Main Groups of Psychotropic Drugs."

The objectives of the meeting were to review recent trends in psychopharmacological research, to analyze the need for further research in this field, and to consider methods for improving the international coordination of research and exchange of psychopharmacological knowledge. Dr. Klerman is director of clinical services at the Connecticut Mental Health Center.

Dr. Charles Carrington, assistant professor of pathology, conducted a one-day institute in December on "Sensitivity Reaction in the Lungs" at the University of Colorado Medical Center. The event was sponsored by the Webb-Waring Institute for Medical Research.

Dr. Henry G. Mautner, associate professor of pharmacology, has been appointed to the editorial advisory board of the *Journal of Medicinal Chemistry*, a bimonthly publication of the American Chemical Society.

Dr. William W. L. Glenn, professor of surgery, has been named to the advisory board of the newly formed Connecticut chapter of the American College of Surgeons. Dr. Glenn is a governor of the College.

A report to the public from the American Heart Association, appearing as a supplement to the *Sunday New York Times* in January, included an article by Dr. Glenn in which he summarized recent advances in heart surgery.

Dr. John A. Kirchner, professor of otolaryngology, addressed the annual meeting of the American College of Surgeons in New York City on March 1. His topic was "Clinical Staging in Cancer of the Larynx: a Critical Evaluation." Later in the month he spoke at the annual meeting of the Society of University Otolaryngologists at the Johns Hopkins Hospital where he discussed the influence of research on the teaching program in otolaryngology.

Dr. Samuel Ritvo, clinical professor of psychiatry in the Child Study Center assumed office as president-elect of the American Psychoanalytic Association at the organization's annual meeting in Detroit in May. A member of the Yale medical class of 1942, he served as chief psychiatrist of the Child Study Center from 1950 to 1964. He is also president of the Western New England Institute for Psychoanalysis.

Dr. Seymour Lustman, professor of psychiatry in the Child Study Center, was elected secretary of the American Psychoanalytic Association board of professional standards.

Dr. William J. German, professor of neurosurgery, has been elected president of the New Haven Medical Association.

Dr. Albert J. Solnit, professor of pediatrics and psychiatry and director of the Child Study Center, was the principal speaker at a scientific

program dedicating the new Human Development Center at the University of Florida in Gainesville on April 15. His topic was "Childhood and the Two Cultures."

New Faculty Appointments

Dr. Robert H. Green was appointed professor of medicine as of February first. He will also serve as associate chief of staff for research at the Veterans Administration Hospital. Dr. Green, who received his M.D. degree from Johns Hopkins University in 1938, was previously a member of the Yale faculty from 1947 to 1960. He then became associate scientific director of the Health Research Council of the City of New York and an associate professor of medicine at New York University. In 1964 he was appointed chief of the medical service at the Manhattan Veterans Administration Hospital and was promoted to professor of medicine at New York University. Dr. Green is well known for his studies of virus diseases and most recently of the natural history and prevention of rubella.

Two additional appointments effective July first are Dr. Peter F. Curran as associate professor of physiology and Dr. Harold Willard as associate professor of medicine. Dr. Curran comes to Yale from Harvard where he received his Ph. D. degree in 1958. Dr. Willard, who received his M.D. degree from Johns Hopkins, has been director of chronic care and rehabilitation at the Thayer Hospital in Waterville, Maine.

Recent Promotions to Professorships

The following promotions to the rank of professor, effective July first, were recently announced:

Dr. Elisha Atkins, professor of medicine, received his A.B. degree from Harvard and his M.D. from the University of Rochester. Following internship and residency at Barnes Hospital, he was an instructor in medicine at Washington University in St. Louis. He has been a member of the Yale faculty since 1955. Dr. Atkins is well known for his studies on the mechanism of fever production.

Dr. Henry G. Mautner, professor of pharmacology, received his B. S. and Ph. D. degrees from the University of California. He came to Yale in 1955 as a research fellow and was appointed an instructor in pharmacology the following year. He has been an associate professor since 1962. Dr. Mautner has recently published an excellent review of the molecular basis of drug action.

Dr. Sally A. Provence, professor of pediatrics, is a graduate of Baylor University School of Medicine. She completed her residency at the Children's Medical Center in Dallas and was then an instructor at Southwestern Medical College. In 1947 she joined the staff of New York Hospital and in 1949 came to Yale as an instructor in pediatrics in the Child Study Center. She has been director of the Center's Child Development Unit since 1951 and has held the rank of associate professor since 1963. She is an internationally recognized authority in the field of child development and a specialist on problems of adoption, mental retardation, emotional disorders, and childhood psychoses.

Dr. Samuel D. Kushlan, clinical professor of medicine, received his B. S. and M. D. degrees from Yale and was an intern and resident at the New Haven Hospital. He has practiced internal medicine and gastroenterology in New Haven since 1939 and during this period has been a member of the Yale medical faculty. He has been an associate clinical professor of medicine since 1950. As of June, 1967, Dr. Kushlan will serve as associate chief of medicine at the Yale-New Haven Hospital and will be in charge of the medical service of the Memorial Unit.

Award to Dr. Ludlum

Dr. David B. Ludlum, assistant professor of pharmacology, has been appointed a Markle Scholar in Academic Medicine for 1967-1972. This

Dr. Ludlum

is one of the country's most distinguished awards for young medical scientists. Dr. Ludlum received his B. A. degree from Cornell and his Ph. D. in physical chemistry from the University of Wisconsin in 1954. After working as a research chemist with E. I. duPont de Nemours and Company, he enrolled at New York University School of Medicine and received the M. D. degree in 1962. He joined the Department of Pharmacology at Yale in 1964.

Dr. Harris to Japan

Dr. Benedict R. Harris, clinical professor of medicine and public health, has been appointed chief of medicine at the Atomic Bomb Casualty Commission in Hiroshima, Japan. He will relinquish his position as associate chief of medicine at the Yale-New Haven Hospital in June and depart for the Orient in July.

Dr. Ordway in Brazil

Dr. Nelson K. Ordway, professor of pediatrics, visited São Paulo, Brazil, for eight weeks last fall as educational consultant for the American Academy of Pediatrics to the Departments of Pediatrics of the Escola Paulista de Medicina and the Faculdade de Medicina of the Universidade de São Paulo. On his return he noted:

"Poverty, sharp socio-economic distinctions, a universally part-time system of patient care and teaching, and the very recent introduction of residency training programs stand in the way of optimum medical care, and the care of children suffers particularly inasmuch as pediatrics has emerged as a recognized specialty only in the last two or three decades. The warmth, eagerness, and receptiveness of students and doctors, together with the presence of an abundance of clinical material virtually unknown in Connecticut, especially in the areas of malnutrition, infectious disease and diarrhea, can afford a great opportunity to learn and a satisfying pedagogical experience to the North American physician."

Faculty Members Honored

Dr. Elisabeth C. Adams, assistant clinical professor of medicine, recently received the Distinguished Service Award of the Guilford (Connecticut) Jaycees. Dr. Adams has practiced in Guilford since 1950 and also serves as the town's director of health.

Dr. Nicholas Greene, professor of anesthesiology, was honored by Columbia University on March 17 when he was presented with a silver medallion commemorating the 200th anniversary of the founding of the College of Physicians and Surgeons. The award was part of a program honoring those medical alumni who have made "outstanding and distinguished" academic contributions in their respective fields. Dr. Greene was also recently elected president of the Association of University Anesthetists.

Dr. Beeson in Visiting Professorship

Dr. Paul B. Beeson, Nuffield Professor of Clinical Medicine at Oxford University, spent the week of March 5 at Yale as the first incumbent of the visiting professorship that bears his name. He conducted teaching rounds at both the Yale-New Haven Hospital and the West Haven Veterans Administration Hospital, and held conferences for medical students and members of the house staff.

Dr. Beeson was Ensign Professor of Medicine and chairman of the Department of Medicine at Yale from 1952 until 1965, when he resigned to accept his Oxford appointment. At that time the Paul B. Beeson Visiting Professorship was established by his friends and colleagues to enable distinguished physicians to spend several days teaching at the Yale-New Haven Medical Center.

Hospital Ranked in "Top 10"

The Yale-New Haven Hospital was recently listed by a national women's magazine as one of "America's 10 Best Hospitals" in the judgment of a panel of recognized authorities in the hospital field. The list was published in the February issue of *The Ladies' Home Journal* which had asked the judges — hospital administrators, consultants, and physicians from all parts of the country — this question: "If you or your family required major hospital services . . . which 25 hospitals in the United States would you select as representative of the best? Which hospitals would you put in the top 10?"

To alumni of more than 15 or 20 years, the inclusion of the Yale-New Haven Hospital in the top 10 may well have come as a surprise. Those who have not visited New Haven since the 1940's are urged to return for Medical Alumni Day this June 10 and see the outstanding institution that is the school's teaching hospital today.

Stephen H. Deschamps, M.D.

Friends and colleagues were shocked by the sudden death on January 18 of Dr. Stephen Henri Deschamps, assistant clinical professor of medicine. He was 42 years of age.

A graduate of Columbia University, he had received his A.B. degree in 1944 and his M.D. in 1947. He served as an intern and assistant resident on the University Service of the Grace-New Haven Community Hospital prior to Army assignment in Japan. He was then an assistant resident on the Columbia University Service at Bellevue Hospital and from 1952 to 1954 was chief of gastroenterology at the Army Hospital, Fort Dix, New Jersey.

Since 1954 Dr. Deschamps had been in private practice of internal medicine in Bridgeport, Connecticut, where he was a member of the staff of St. Vincent's Hospital. In 1955 he was appointed a clinical instructor in medicine at Yale and was promoted to the rank of assistant clinical professor in 1960. He was an enthusiastic and stimulating member of the teaching staff of the medical outpatient clinic.

Dr. Deschamps was a member of Alpha Omega Alpha and a fellow of the American College of Physicians and the American College of Gastroenterology. At the time of his

death he was president-elect of the Connecticut Society of American Board Internists.

Louise Eisenhardt, M.D.

For over 30 years the medical scene at Yale was graced by the quiet presence of Dr. Louise Eisenhardt, eminent neuropathologist, editor of the *Journal of Neurosurgery,* beloved friend of neurosurgeons throughout the world. Her death, on January 22, brought an end to an era in which Yale's identification with research on the nervous system was represented by the magic names: Cushing, Fulton and Eisenhardt.

This talented woman began her career as editorial assistant to Dr. Harvey Cushing. While still continuing some of her editorial responsibilities, she graduated from Tufts Medical School in 1925 with the school's most outstanding record. Following an internship, she quickly acquired world recognition in the pathology of neoplasms of the brain. Coming to Yale in 1934, she was in charge of the Cushing Brain Tumor Registry. There followed her coauthorship with Cushing of the famous monograph: *Meningiomas,* still the "Beethoven IX" for neurosurgeons.

A charter member of the Harvey Cushing Society in 1932, she was its lovely president in 1939 when the society celebrated Dr. Cushing's 70th birthday at the New Haven Lawn Club. Just two years ago she gave the first Harvey Cushing Oration before the society. She was managing editor of the *Journal of Neurosurgery* from its inception in 1943 until her retirement in 1965.

Her presence at Yale made this a center of world renown for the study of pathology of brain tumors. Her portrait, symbolic of the high regard in which her pupils hold her, now hangs near the entrance of the Brady Memorial Laboratory where she worked for so many years.

Ronald H. Kettle, M.D.

Dr. Ronald H. Kettle, lecturer in psychiatry, passed away on the second of January at the age of 64.

Dr. Kettle, who was born in Canada, received his M.D. degree from Queen's University in Kingston, Ontario, in 1928. He was an intern at Hamilton General Hospital in Hamilton, Ontario, and then journeyed to the United States where he was a resident at McLean Hospital in Belmont, Massachusetts, and later an attending physician at the Massachusetts General Hospital.

He returned to Canada in 1932 and engaged in general practice in Hamilton for three years. In 1936 he came back to the United States and settled in Connecticut as a senior physician at Norwich State Hospital.

During World War II, Dr. Kettle served with the U.S. Air Force in the Pacific and was discharged with the rank of lieutenant colonel. He returned to the staff of the Norwich State Hospital and in 1948 was appointed superintendent of that hospital, a post he held at the time of his death.

Bernhard A. Rogowski, M. D.

Dr. Bernhard Albert Rogowski, associate clinical professor emeritus of neurology, died on April 14 at Yale-New Haven Hospital. He was 66 years of age and had practiced neurology and psychiatry in New Haven since 1928.

A graduate of Yale College, class of 1920, he received his M. D. degree from Yale in 1924 and interned at the New Haven Hospital. He was an assistant resident at the Strong Memorial Hospital in Rochester, New York, and at the Phipps Psychiatric Clinic at the Johns Hopkins Hospital. He returned to New Haven in 1928 and was appointed a clinical assistant in medicine on the faculty at Yale. In 1930 he was promoted to the rank of clinical instructor.

Dr. Rogowski continued to serve on the part-time medical school faculty for 38 years. He became an associate clinical professor in 1949 and in 1966 was given emeritus status.

Dr. Rogowski was chief of the Department of Neurology and Psychiatry at the Hospital of St. Raphael. He served as a member of the Connecticut Postgraduate Seminar in Psychiatry and Neurology, Inc. He was a past president of the Temple Mishkan Israel, the Jewish Family Service of New Haven, and the Friends of the Yale Hillel Foundation.

Alumni News

Members of the medical class of 1942 will hold their 25th reunion this June 10. Here they are as they embarked on their medical studies in September of 1938, the month of the memorable hurricane.

1926

LEONARD P. WERSHUB has recently completed a history of the New York Medical College entitled *One Hundred Years of Medical Progress;* it is being published by Charles C Thomas, Springfield, Illinois. In this history he notes many Yale graduates who became affiliated with the Medical College. Dr. Wershub is professor of urology at the New York Medical College. This is his fourth book to be published by Charles C Thomas; the others are *Urology and Industry, Sexual Impotence in the Male,* and *The Human Testis.*

1929

RUSSELL B. SCOBIE and his wife spent the Christmas holiday with their daughter, Barbara, and her family in Bogota, Colombia.

1934

LEONA BAUMGARTNER is serving as the first visiting professor of social medicine at Harvard Medical School during the current academic year. She will conduct an elective seminar for third-year medical students on the relationship of medicine and community problems. During the year at Harvard, she will also be concerned with the problems of implementing medical care programs.

GEORGE ZALKAN was retired from the Regular Army on November 30 because of physical disability. Since February of 1966, while awaiting processing for retirement, he has been working, off and on, as director of health of the City of New Britain, Connecticut. He is now devoting his full time to this job. In the fall of 1967 Dr. Zalkan plans to enroll at Yale School of Medicine as a candidate for the M.P.H. degree.

1935

The following article about ASHBEL C. WILLIAMS is reprinted from the fall 1966 issue of *Cancer News,* the semi-annual publication of the American Cancer Society:

The new President of the American Cancer Society is Dr. Ashbel C. Williams, of Jacksonville, Florida, who considers himself "a hard-working general surgeon with a primary interest in cancer."

Dr. Williams' interest in cancer stems from his days as a Yale University medical student when he did his thesis on breast cancer in mice in 1935. One of his pet dreams today is a coordinated cancer center in Jacksonville.

His interest in cancer has been unflagging. He is a past president of the James Ewing Society and of the Florida Division of the ACS. He is past chairman of the Medical and Scientific Committee of ACS, and as early as 1954 he served as regional representative to the Society's Board of Directors. In 1962 he became a Director-at-Large; in 1966, Vice President. He became President at the annual meeting in October. He is a member of the Southern Surgical Association, a founding member of the Society of Head and Neck Surgeons, and was on the Board of Directors of the First International Congress on Smoking and Health before its absorption by the ACS.

Dr. Williams, past chairman of the St. Vincent's Hospital Department of Surgery, is vitally interested in JHEP (Jacksonville Hospital Education Program), an experimental city-wide hospital teaching program, "where we're trying to show what can be accomplished in graduate teaching in a community without a medical school." The experiment is being watched all over the country. In a cooperative effort between hospital and doctors, all the research and investigative facilities have been pooled so that nothing will be duplicated and the best of each will be available to all.

"I hope to live to see a cancer center set up along the lines of the

one in Atlanta founded by the late Dr. James E. Scarborough—the Winship Clinic at Emory University. What we urgently need is better cancer education on the local level. I think we are on the right track with the Heart-Cancer-Stroke regional program recently authorized by Congress.

"As an active surgeon at the community level, I see the daily problems of the doctor in the field. I will keep these in mind as ACS President and work to increase ACS participation in the community both at local and state levels."

Dr. Williams, whose youthful appearance and sparkling eyes belie his 58 years, has traveled extensively during his four-year tenure as chairman of the Committee on Regionalization of the Cancer Commission of the American College of Surgeons which ended in 1965. He is past president of the Duval County Medical Society and chairman of the Heart-Cancer-Stroke planning committee in the Jacksonville area.

Leave it to a busy man to have hobbies and, busy or not, Dr. Williams' hobby is "growing things." He spends his few leisure hours puttering happily around his orchards and gardens set among lush semi-tropical foliage. He grows sugar cane, citrus fruits, pears, peaches, persimmons, figs and mulberries—and an abundance of flowers including roses, sweet peas, hollyhocks, chrysanthemums, etc.

"When we bought the property in 1957 it was a swamp. They used to call it 'Williams' Folly.' The tide came in over it and it had to be filled by dredging and bulkheaded. After the sand was brought in it looked like the Sahara Desert.

"I did all the planning and landscaping myself. We started to build in 1960 and planted pine trees which are today over 30 feet high. Every square foot has something growing on it. The house itself is built eight feet above the water on this reclaimed land."

During World War II Dr. Williams served overseas as a captain and chief of general surgery with the 16th General Hospital Division. While in England he met his future wife, Kay, who was a Junior Commander in the British Army Territorial Service. They have three children, a 12-year-old son and two teenage daughters.

Dr. Williams is that rarity, a native Floridian; his family has been in Florida for generations. He was born at Fernandina in 1908. He received his M.D. degree from Yale in 1935; interned in surgery at Boston City Hospital, and was resident in pathology at Mallory Institute, Boston; assistant resident surgeon at Memorial Hospital, New York City; a fellow in surgery at the Lahey Clinic, Boston; resident surgeon at Boston University Teaching Service. From Boston he went to Jacksonville where he has served on the surgical staffs of the Duval County Medical Center, St. Vincent's Hospital, Baptist Memorial Hospital and St. Luke's Hospital.

1937

WILBUR D. JOHNSTON, the class secretary notes: "The Class of 1937, celebrating its Thirtieth Reunion, is planning a gala get-together at the New Haven Country Club at 5:30 p.m., Saturday, June 10th. Dinner will be served at 6:30 p.m. Hope to see you all there."

1940

THADDEUS S. DANOWSKI received the Order of the Sword of Hope from the Pennsylvania Division of the American Cancer Society in October for outstanding service in the program of cancer control. This award is the highest which can be made by the state division of the Society. Dr. Danowski, who is professor of medicine at the University of Pittsburgh, is past-president of the Pennsylvania Division of the Cancer Society.

BENJAMIN CASTLEMAN ('31) receives the fluted top hot, symbolic of on honorory doctorote from the University of Göteborg in Sweden. The degree, highest honor bestowed by the university, wos presented to Dr. Costlemon lost October 22 for his accomplishments in the field of endocrine pothology. As Professor Lindberg ploced the hot on Dr. Costlemon's heod, o two connon solute was fired about o mile owoy ond piped into the Göteborg Concert Holl. Dr. Costlemon, professor of pothology ot Horvard Medicol School, is vice president of the Associotion of Yale Alumni in Medicine.

1936

PHILIP M. LE COMPTE, is one of the authors, with Drs. Shields Warren and Merle A. Legg, of *The Pathology of Diabetes Mellitus,* a revised and largely rewritten fourth edition published in December by Lea & Febiger, Philadelphia. Dr. Le Compte is pathologist at the Faulkner Hospital and a member of the faculty at Harvard Medical School.

PAUL D. MacLEAN, chief of the Section on Limbic Integration and Behavior in the National Institute of Mental Health's Laboratory of Neurophysiology, has been awarded two honors. He was chosen to present the 1966 Thomas William Salmon Lectures at the New York Academy of Medicine in December, and

during the course of this thirty-fourth lecture series he was presented the Salmon Award for distinguished service in psychiatry. The two lectures entitled *Brain and Vision in the Evolution of Emotional and Sexual Behavior* will be published in book form. The Salmon lecturers include some of the most distinguished names in psychiatry, starting with the initial speaker in 1932, Dr. Adolph Meyer. The Salmon lecturer in 1950 was Dr. John F. Fulton, then Sterling Professor of Physiology at Yale.

PATRICIA E. WANNING of Saugerties, New York has written a series of articles in *The Ulster Bulletin*, which is published by the Ulster County Medical Society and of which she is co-chairman. These include "The Problems of Adolescents", "Notes on the Faith that Supports Monkeys and other Simians", and "Crumbs from the Feast of Printed Matter Set on the Table before Me". Dr. Wanning also had a note "About Abortion" in the March issue of the Barrytown Explorer, a mid-Hudson monthly newspaper that claims to include "all the news that's wit to print."

1941

GEORGE JAMES is one of eleven national figures named by the Surgeon General of the Public Health Service to a special *ad hoc* advisory committee to advise him concerning a report to the President and the Congress covering the first year's activities of the Division of Regional Medical Programs.

1942

VINCENT J. COLLINS of Chicago is the new president of the Catholic Physicians' Guild, which concerns itself with the relationship between moral problems and new medical practices as they affect public health and legislation.

1943 (DECEMBER)

PHILIP B. CHASE has been named director of health services at Tufts University as of the end of the current academic year. He has been assistant director since joining the Tufts staff in 1963 and is also an instructor at the Tufts University School of Medicine.

1945

FREDERIC M. BLODGETT is now professor of pediatrics at Marquette University School of Medicine in Milwaukee. Prior to his departure from Yale in January of this year, he had been an associate professor of pediatrics here and a member of the medical faculty since 1957.

MICHAEL W. LAU, who practices urology in Los Angeles, sent the following note to DICK BRECK, class agent, along with his contribution to the Alumni Fund: "I spent the rest of my money going to Vietnam last summer as a civilian medical volunteer with Medico.

"You would be interested in knowing that when I visited the Special Forces Headquarters at Na Trang I met Captain CRAIG LEWELLYN, Special Forces, YMS 1962, and Lieutenant Colonel ROBERT JOY, U.S. Army, YMS 1954. This proved to be an interesting Yale reunion.

"I spent my time caring for the South Vietnamese soldiers and their dependents. This work was most rewarding. In addition I visited the United States military installations in Da Nang, Na Trang, Vungtau, and Pleiku.

1948

C. ARDEN MILLER has been appointed vice-chancellor for health sciences at the University of North Carolina in Chapel Hill. He will have responsibility for the University Health Center and the schools of dentistry, medicine, pharmacy, public health, and nursing. He had formerly served since 1960 as dean of the University of Kansas School of Medicine and provost of the medical center.

1950

THOMAS J. FERRARO has been practicing urology in Concord, New Hampshire, since completion of his residency in 1960. He is a diplomate of the American Board of Urology and a fellow of the American College of Surgeons. The Ferraros have five children; the oldest is a boy of nine, and there are four girls, eight, six and one-half, five, and three years of age.

CARL A. GAGLIARDI, who is in private practice in Lincoln Park, Michigan, writes that he and his family expect to tour Portugal, Spain, and Italy for three weeks this spring.

CHESTERFIELD G. GUNN, JR., who has been on the faculty at the University of Oklahoma since 1956, recently wrote as follows regarding his activities there: "My work entails teaching in the Department of Medicine and Neurophysiology in the Department of Physiology. In the past I have had teaching commitments in the Department of Psychiatry and have behaved as a neurologist, running Neurology Services in the University Hospital and the Veterans Administration Hospital on our campus. At the present time, as an Associate Professor, I am primarily responsible for teaching internal medicine and neurophysiology and carrying on research projects which relate the CNS integrative mechanisms to cardiovascular function, blood clotting, hemophilia, etc. Some of this work is pretty good and at least very exciting to me. Being involved in a very active psychosomatic program with Stewart Wolf, I am the director of a training program in this area as well as being the associate director of the neurocardiology research programs. If you know of anyone interested in psychosomatic medicine, either in training or research, we would be happy to consider them, having both fellowships and junior positions available at this time."

MARINA P. MEYERS writes: "Jack and I have been living in Glen Cove (New York) ever since we finished our specialty training and he completed his two years in the Army. Jack has his Boards in Dermatology and is practicing with an office here in Glen Cove and another one in New York. . . . Recurrent health problems have slowed me down somewhat but still I have an active and very satisfying practice (ophthalmology) and Jack and I have one little girl, Kathleen, born on Lincoln's Birthday in 1961."

ORLANDO J. MILLER is an associate professor at Columbia University College of Physicians and Surgeons where he is teaching genetics, obstetrics and gynecology and is doing research in human cytogenetics. Since 1962 he has been on the editorial

board of the journal *Cytogenetics*. The Millers have three children: Richard, age 10; Cindy, age 8; and Karen, age 6.

CYNIA SHIMM began her residency training in psychiatry at the Duke University Hospital in 1965. Her husband, Mel, is professor of law at Duke, and they have lived in Durham since 1953. The Shimm's have two boys, 14 and 10 years old.

1952

MARVIN H. GOLDBERG wrote as follows in December: "Gave talk on Juvenile Diabetes at Children's Hospital in Seattle in October and had reunion with BOB PETERSDORF, HARVEY YOUNG, JOHN ARNOLD, and PHIL DEANE and their spouses. Then went to Portland to give talk at Oregon University and met BILL WHALEN ('53) at the airport. I recorded a two part interview for *Teleped* this December on juvenile diabetes and will partake in panel on closed circuit TV for Loma Linda University postgraduate symposium on same subject." Dr. Goldberg became an associate clinical professor of pediatrics at the University of Southern California in 1966.

1955

C. GRANT LA FARGE, associate in cardiology at the Children's Medical Center in Boston, is a member of a physician-engineering team developing a miniaturized, atomic-powered engine and pump which could assist or replace a damaged human heart. At a news conference sponsored by the Massachusetts Heart Association in January, it was announced that a human implantation of the device is not expected for at least a decade. However, spectacular advances have already been made in the development of externally powered mechanical heart-assist pumps, and if continuous assistance is needed, the atomic unit is visualized as an optimum power source.

1956

GILBERT M. EISNER recently spent three weeks at the University of Saigon Medical School in South Vietnam teaching physiology. He also visited Bangkok and Hong Kong and stopped in Japan enroute.

WILLIAM H. HINDLE is practicing obstetrics and gynecology with the Straub Clinic in Honolulu. In a recent letter he said that last summer he had a get to-gether with TED TSEU, who also is practicing obstetrics and gynecology in Honolulu, and ALBERT CHUN HOON ('57) who practices orthopedics. The occasion was a celebration for Ronald Sato and Marc Yoshizumi, who had been accepted into the freshman class (class of 1971) at the Yale School of Medicine.

EDWARD C. SENAY has accepted a position at the University of Chicago School of Medicine as of July, 1967. He will become chief of the Psychiatric Consultation Service at the Billings Hospital and will have other duties in the Department of Psychiatry. Dr. Senay is currently chief of the Dana Psychiatric Outpatient Clinic at the Yale-New Haven Hospital.

1957

D. JOSEPH DEMIS has moved to Albany, New York, to head dermatology at the Albany Medical College. He was formerly at Washington University in St. Louis.

1958

ERNEST L. HARTMANN is currently assistant clinical professor of psychiatry at the Tufts University School of Medicine, director of the Sleep and Dream Laboratory, Boston State Hospital, and a career investigator of the National Institute of Mental Health. His book entitled *The Biology of Dreaming* is to be published this year.

1959

SIDNEY M. COHEN is on the full-time staff at Mt. Sinai Hospital in Cleveland doing research and clinical work in renal transplantation and hemodialysis. In July he plans to enter private practice of urology in Cleveland.

1960

EDWARD R. LANG wrote in February: "I am pleased to see the end of my training near at hand. I am currently chief resident in neurological surgery at the U.S. Veterans Administration Hospital, Washington, D.C. (George Washington University Hospitals Affiliated Program). I shall finish my training in July of this year and enter the Air Force as a neurosurgeon. Needless to say my wife, two children (ages 3 and 5) and I are eagerly awaiting this new phase of our life."

He also said that he had dinner recently with RONALD YANKEE and DAVID DUNN and reported that Ronald is now conducting clinical leukemia research as an attending physician at the N.I.H. Dave, as a neurologist at Georgetown University Hospital, is investigating aspects of multiple sclerosis.

1962

PAUL H. ACKERMAN is on active duty with the U.S. Public Health Service in Los Angeles.

J. DALE HOWE has entered general practice in association with Dr. Robert A. Major at 2299 19th Avenue, San Francisco, California.

CARTER L. MARSHALL is serving in the Army as chief of the public health division, Department of Public Health and Welfare, U.S. Civil Administration, Ryukyu Islands in the Pacific. He expects to be discharged in July and will go to the University of Kansas School of Medicine as an assistant professor of preventive medicine and community health.

1963

LAWRENCE P. TREMONTI has begun a two-year fellowship in infectious diseases at the University of Illinois Research and Education Hospital in Chicago, having completed two years of Medical residency at that institution.

EDWARD F. WILSON has been appointed assistant medical examiner of the State of Maryland. His new office address as of July will be 700 Fleet Street, Baltimore, Maryland 21202.

1964

SIDNEY BAKER arrived with his family at Port Lamy in the Republic of Tchad in Africa last summer for a two-year stay as a Peace Corps physician.

MARY V. DI GANGI is currently in her second year of residency in psychiatry at the Cornell Medical Center in New York City.

GORDON ELMEER, having com-

pleted his internship and one year of residency in internal medicine at the Edward J. Meyer Hospital in Buffalo, is now serving in the Army in Washington, D.C.

SAUL M. SCHANBERG is leaving the National Institute of Mental Health Laboratory of Clinical Sciences to accept an appointment as an assistant professor in neurology and clinical pharmacology at Duke University School of Medicine in July.

1965

DAVID G. CAMPBELL returned to New Haven last July as an assistant resident in surgery.

FRANK J. GRADY is in residency training in ophthalmology at the Columbia University Institute of Ophthalmology in New York City.

REID R. HEFFNER, ROBERT H. KOEHL, and WALTER W. NOLL have remained in pathology at Yale and are currently postdoctoral fellows.

MARK W. LISCHNER has stayed on this year at Grady Memorial Hospital in Atlanta as an assistant resident in Medicine.

JOHN and MARGRETTA SEASHORE are still at the Yale-New Haven Hospital, currently as assistant residents on surgery and pediatrics.

ROBERT T. SOLIS, having completed a year of pathology, is now an intern on the medical service of the Yale-New Haven Hospital.

1966

The engagement of CLARENCE T. SASAKI and Carolyn Elizabeth Lindahl of Fairfield, Connecticut was announced in February. Miss Lindahl, a graduate of the Grace-New Haven School of Nursing, is currently studying at Southern Connecticut State College. Dr. Sasaki, who is interning at the San Francisco General Hospital, will begin his residency in surgery at the Mary Hitchcock Memorial Hospital in Hanover, New Hampshire, in July. He writes that he looks forward to returning to New England.

ALAN W. STONE, who is currently an intern in pathology at Yale-New Haven Medical Center, will begin a medical internship at the Peter Bent Brigham Hospital in Boston in July.

HOUSE STAFF

1936

LINCOLN OPPER has been appointed head of the department of Pathology at Knox Hospital in Rockland, Maine. He was formerly in Torrington, Connecticut, and on the staffs of the Charlotte Hungerford, New Milford, and Litchfield County Hospitals. Dr. Opper is a fellow of the American College of Pathologists and a member of the American Society of Clinical Pathologists, the International Academy of Pathology, the American Association of Pathologists and Bacteriologists, and the New England Society of Pathologists.

1939

THOMAS D. KINNEY, chairman of the Department of Pathology at Duke University School of Medicine has been named principal consultant in pathology for the National Institute of General Medical Sciences.

1957

After nine years of practice of thoracic surgery in New York City, THOMAS M. MC NEILL has joined a group of three thoracic surgeons in Orlando, Florida, and has begun an open heart surgical program there. He reports that Florida is well represented in "Lindskog-Glenn" trained thoracic surgeons with DAVE HUBBEL (52HS) in St. Petersburg, HAL SPEAR (56HS), TOM GENTSCH ('53), and PARRY LARSEN ('59) in Miami, and himself in Orlando.

PUBLIC HEALTH

1921

IRA V. HISCOCK has been appointed as honorary consultant in public health, the Bernice P. Bishop Museum, Honolulu, Hawaii. In February he completed a two months requested inventory of the School of Public Health, University of Hawaii, and analyzed the inter-relationships, faculty, students, courses of study, and national accreditation committee of the American Public Health Association service. While in Hawaii he was able to continue with his daily swims of 1/4 mile.

1927

LOUIS DeANGELIS is continuing with his general practice in New London, Connecticut, and is the assistant health director and school physician for the City of New London. In addition, he is serving as the team physician for the St. Bernard's High School for Boys.

PHILIP S. PLATT retired from active professional life several years ago but has continued his vigorous efforts in community health programs on a part-time basis. While on a recent winter vacation in Florida he spent a great deal of time assisting the Florida Society for the Prevention of Blindness.

1929

MITCHELL B. STOCK, a member of the Public Health Council of the State of Connecticut, took a sabbatical leave to spend the academic year 1965-1966 in Dublin, Ireland.

1935

FRANKLIN M. FOOTE, Commissioner of Health for Connecticut, received a citation from the Connecticut Association for Retarded Children for outstanding leadership. He was cited as "a distinguished public officer . . . dedicated physician . . . a man of compassion and foresight." The Rotary Club of Hartford also honored Dr. Foote recently by naming him "Rotarian of the Week."

1941

ANITA E. FAVERMAN has retired from public health after serving 19 years with the California State Department of Health and ten years as assistant health officer in Alameda County, California. She is residing in San Francisco, her former home town, where she is indulging in her weakness for oil paintings and visiting art galleries.

1948

DOROTHEA SLATER LaBELLE was recently awarded a Master of Social Work degree from the University of Connecticut. She is the supervisor of community services at the Southbury (Connecticut) Training School, where she is developing a new service to aid the mentally retarded at home.

SAMUEL S. HERMAN has been appointed associate director for extramural research of the Division of Environmental Health Sciences, now

part of the National Institutes of Health. Dr. Herman will plan and direct the division's grant program to support research and training in the sciences related to environmental health. He will also be responsible for liaison between the National Institutes of Health and the National Environmental Health Sciences Center in North Carolina. He has been with N.I.H. since 1959 and was most recently deputy associate director of extramural activities for the National Cancer Institute.

1949

EDGAR L. GEIBEL, administrator of the Stamford (Connecticut) Hospital, was named president-elect of the New England Hospital Assembly at the annual meeting of the assembly, recently convened in Boston, Massachusetts.

1951

TRUDE R. AUFHAUSER is an associate professor at the Cornell-University-Hospital School of Nursing and head of the Department of Pediatric Nursing, New York Hospital-Cornell Medical Center. She is involved in a research program concerning parent participation in hospital care of children.

1952

VIRGINIA MARR GOOD joined the staff of the Visiting Nurses Association of the Greater Trenton Area (New Jersey) as executive director. For the past 14 years, Mrs. Good has served as a nursing consultant for the Philadelphia Department of Public Health.

MALCOLM C. HOPE has been appointed chief, Office for Compliance and Control, Bureau of Disease Prevention and Environmental Control, United States Public Health Service, Washington, D.C.

YOLANDE LYON, who for the past ten years was the health education consultant for the Bureau of Air Sanitation, California State Department of Public Health, has joined the staff of the Rhode Island Council of Community Services where she will be project coordinator of the Health Careers Project.

1954

MILTON W. HAMILT is now executive vice-president of Lenox Hill Hospital in New York City. Prior to assuming this post he was with Booz, Allen and Hamilton, Inc. Mr. Hamilt's principal assignment with the Lenox Hill Hospital is to coordinate the development of a long range plan for the hospital.

1958

THOMAS W. GEORGES, JR., has been appointed state health officer of Pennsylvania succeeding Dr. Charles Wilbar.

NORMAND E. GIRARD was appointed administrator of the Somerville (Massachusetts) Hospital in November, 1966. He and his family reside in Winchester, Massachusetts, where they are active in civic and health affairs.

PHILIP B. HALLEN is the president of the Maurice Falk Medical Fund, Pittsburgh, Pennsylvania. The fund has been concentrating its resources in the field of mental health and is particularly interested in problems relating to social and community psychiatry with emphasis on the urban environment and mental illnesses in children.

THOMAS P. WEIL has been appointed director of Graduate Studies in Health Services Management at the University of Missouri, Columbia, Missouri.

1960

BEDONNA B. JACOBS has been appointed supervisor of nurses of Hanford Occupational Health Foundation, Inc., which supplies health services to the employees of the Atomic Energy Commission and of prime contractors at the Hanford A.E.C. Project located in the desert country at the bend of the Columbia River in Washington.

1961

SIEGFRIED A. KOTZ reports that he is currently the director of medical services for the Australasian Division of the Seventh-Day Adventists. The area includes Australia, New Zealand and the South Pacific. He resides in Wahroonga, New South Wales, Australia.

1962

THOMAS R. MAYHUGH has been elevated to the rank of major in the United States Air Force. He is currently completing studies at the Air Command and Staff College, Maxwell Air Force Base, Alabama, and expects to receive the degree of Master in Business Administration from George Washington University in June. Upon completion of his present courses, he will be assigned to the Office of the Surgeon, Headquarters, United States Air Forces in Europe, Wiesbaden, Germany.

1964

BARTLEY H. CALDER was promoted to assistant administrator, Bridgeport (Connecticut) Hospital. He is currently concerned with the development of a centralized transportation service and the institution of a patient unit management program as part of the Bridgeport Hospital's effort to maximize its available nursing resources.

NEAL L. MASLAN is the administrator, Terrace Hill Nursing Home, Richmond, Virginia. This institution has the distinction of being the first Medicare-approved extended care facility in Virginia and in Region III of the Department of Health, Education and Welfare.

ARTHUR M. SILFEN is stationed at Hickam Air Force Base, Hawaii, where he is serving as the chief of the Medical Materiel Branch, Office of the Surgeon, Pacific Air Force.

1965

DONALD H. KRUSHAK has been appointed a research veterinarian and director of animal experiment and research with the Phoenix Field Station, Communicable Disease Center, United States Public Health Service.

1966

DOROTHY NOYES KANE has been appointed assistant professor of education, Southern Connecticut State College, New Haven.

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Medical Alumni Day

Saturday, June 10, 1967

Registration — Medical Library, Sterling Hall of Medicine

9:00-11:00	Coffee Service for Alumni–Beaumont Room
9:30-10:30	Surgical Grand Rounds–Farnam Auditorium
10:00-12:00	Tours of the Connecticut Mental Health Center
11:00-12:00	Medical-Pediatric Grand Rounds–Mary S. Harkness Memorial Auditorium
12:30- 1:30	Buffet Luncheon for Alumni, Wives and Faculty–Edward S. Harkness Memorial Hall
2:00- 4:00	Special Program for Alumni and Guests–Mary S. Harkness Memorial Auditorium Welcome and Introductory Remarks: Dr. Lawrence K. Pickett, President, Association of Yale Alumni in Medicine Panel Discussion: *The New Medical Curriculum at Yale* Dean Vernon W. Lippard, moderator Dr. Edward A. Adelberg Dr. Lawrence R. Freedman Dr. Howard Levitin Dr. Byron H. Waksman
4:00- 6:00	Social Hour for Alumni, Wives and Faculty–Edward S. Harkness Memorial Hall

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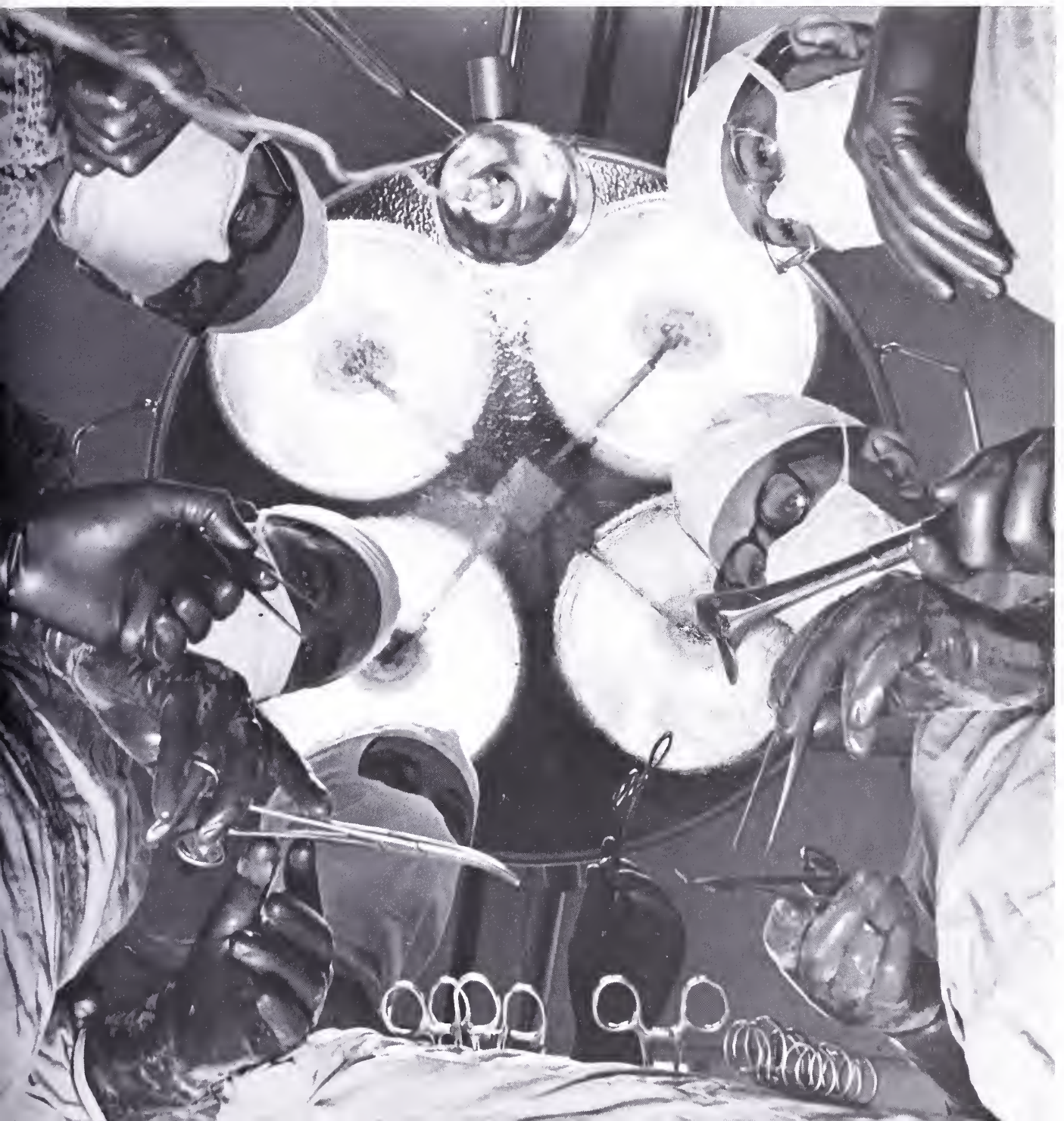

YALE MEDICINE

ALUMNI BULLETIN OF THE SCHOOL OF MEDICINE / FALL 1967 / VOL. 2 NO. 3

Contents

YALE MEDICINE is published three times a year — in the fall, winter, and spring — and is distributed to members of the Association of Yale Alumni in Medicine, students, and others interested in the School of Medicine. Communications may be addressed to The Editor, Room L200, 333 Cedar Street, New Haven, Connecticut. 06510.

COVER: *Surgery, a team effort in which every individual plays a vital role. An article by Dr. Jack W. Cole (lower right), chairman of the Department of Surgery, begins on page 2. (Photographed by Morris Warman.)*

Experimentum Periculosum; Judicium Difficile

by Jack W. Cole, M.D

Life is short and the Art long; the occasion fleeting; experience fallacious, and judgment difficult. The physician must not only be prepared to do what is right himself, but also to make the patients, the attendants, and externals cooperate.

Hippocrates

The medical community is having its biggest convulsion since the one that followed the Flexner report in 1910. What remains when the spasms cease, the sensorium is restored, and the vital signs returned to normal, can only be a matter of conjecture; but remain it will, and hopefully in a more viable and vigorous form.

What impact the current agitated state will have on that segment of the profession called surgery is speculative, at best, but it is hard to imagine that it will emerge from the long awaited convalescence unchanged. It is too much to expect that it will be free of all infirmities; but it is not too much to expect that it will be stronger and better equipped to continue its service to mankind and meet the surgical needs of future generations.

Some insight into the anticipated changes in surgery may be arrived at more easily by scrutinizing surgery's present posture in several areas of endeavor.

Graduate Education

With the advent of specialization occasioned in part by the growing body of scientific knowledge and man's innate desire to excel, the graduate education of surgical specialists has occupied a greater and greater share of the medical educator's time and attention. Notwithstanding the state medical boards' authorization that the newly ordained physician may practice medicine *and* surgery within a given state provided he passes the exam, the profession has long recognized that additional education and experience over and above that obtained during medical school and internship is essential in the development of a safe, sound, and sensible surgeon. The question is: how much additional education and experience, and precisely what kind?

For the past 30 years, since the founding of the American Board of Surgery, it has been assumed that adequate preparation for the practice of surgery required four years of residency experience, with gradual increments in responsibility for patient care during that period of time. There is little question that the Board, comprised of members representing a wide variety of surgical societies, has accomplished a great deal toward fostering and maintaining high standards of surgical care, however arbitrary, during the past three decades. Nonetheless, there is a growing unrest among surgical educators with the inflexibility of this system, and a mounting desire to search for feasible substitutes to board certification that will avoid the "lock-step" approach to graduate surgical education. The same searching questions that characterize the revolution in the undergraduate medical curriculum during the past fifteen years are being heard today at the residency level. Is the educational period unnecessarily long? Is it possible to tailor the program to meet the individual's aptitudes and interests? How important is "coverage" during the residency period in the face of an ever increasing number of surgical specialties? Are we providing adequate periods of elective time during the tumultuous years for the embryo surgeon to arouse and exercise his powers of self education? Is too much time being devoted to the performance of menial hospital chores required by our oft-times antiquated systems of patient care?

These are but a few of the many questions that need to be answered if graduate surgical education is to keep abreast of society's needs, and at the same time provide the best possible environment in which some of the nation's most gifted minds can realize their full potential. History will hold us accountable for our answers, and as of this moment, I am afraid I would find certain present practices indefensible. Can we conscientiously endorse a system that assumes the responsibility for the advanced surgical "education" of verdant M. D.s and promptly places them in starched white suits, insists that they work long days and nights (a substantial part of the time being occupied in filling out X-ray requisitions and laboratory forms), start innumerable intravenouses, transport patients, assist the more senior surgeons with a proper self-deprecatory attitude, and do this for four or more years on wages that should be a

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Dr. Cole is Ensign Professor and chairman of the Department of Surgery. Experimentum Periculosum; Judicium Difficile was the title of an address given by Dr. Harvey Cushing at the dedication of the Sterling Hall of Medicine in 1925.

source of embarrassment and shame to the ultimate beneficiary of these efforts – society?

Much of the problem stems from the simple fact that medical schools and their parent universities have been reluctant to recognize the resident as a graduate student, although he makes an indispensable contribution to the education of the undergraduate and strengthens the school's research programs, and have tended to regard him as a hospital employee. The hospital, on the other hand, has been all too willing to emphasize the educational aspects of the residency experience, lest it be obliged to pay salaries commensurate with the house staff's intellectual prowess and educational background for "services rendered". As a result, the surgical resident, and indeed his counterpart in other clinical disciplines, is "caught between the boat and the dock." This simplified version of the present problem in graduate surgical education must be resolved. To maintain the status quo is to encourage academic mediocrity and condone intellectual decay. It is to impoverish scientifically a segment of the profession that has done so much to improve the health and allay the suffering of millons, has advanced our knowledge and understanding of disease. and has led the world in developing outstanding technical advances.

Another major challenge to the residency program, at least as we have come to know it over the past several decades, is the gradual disappearance of the so-called charity patient, a mainstay of residency training in bygone years. My concern is as much for the patient who may, with his newly acquired financial assistance for medical needs, come under the care of less qualified practitioners, as it is for the resident who will be obliged to gain additional experience and skills in a new and somewhat different educational environment. It is unfortunate that society has tended, in the main, to equate quality medical care solely with the private practice of medicine and the profession has erred in allowing this impression to prevail.

It has long been axiomatic among surgical educators that the care of the surgically sick in any given hospital is just as good as its house staff, but we have not availed ourselves of the many opportunities to drive this point home to the vast number of patients who have passed through both private and charity wards.

How often has the attending surgeon seen fit to make clear to the patient that his preoperative preparation, safe conduct through surgery, and uneventful convalescence is in no small measure due to the bright, alert, vigilant and dedicated resident? To put it another way, one might ask the question: Have we done all we can to make it clear to society that modern-day health care, and particularly surgery, is a team effort, in the finest sense of the word; that every individual on the health-care team – the nurse, the anesthetist, the resident, the intern – plays a vital role in the successful outcome of any given surgical procedure? Or have we allowed our egocentricity, the heartwarming adulation of the patient and his family, the hero worship of the lay press, to silence our tongues and let the praises of the other health care servants remain unsung?

The nation can ill afford to maintain the status quo in the graduate educational process. New and better ways of financing the resident's education must be devised. Sounder methods for evaluating his individual aptitude, progress, and accomplishments must be established, and better ways of providing for his continuing intellectual enrichment must be forthcoming if this country hopes to maintain its position of leadership in the field.

We propose to tackle these problems at Yale, to examine every reasonable idea, explore every feasible plan, and implement carefully conceived solutions. We face this undertaking, not with an attitude of careless confidence, but with implicit faith in the future of this great institution and the outstanding young physicians who elect to further their education at the Yale-New Haven Medical Center.

Undergraduate Education

In order to meet satisfactorily the changing health needs of society and to remain viable, undergraduate medical curricula must periodically be examined in terms of course content, sequence and interrelationships. Duplication of effort, unnecessary repetition, undue emphasis on traditional material and inefficient pedagogical techniques must be boldly pruned to keep the undergraduate's educational experience as vigorous and rewarding as possible.

In this context, all disciplines conventionally taught in medical schools today must periodically examine their positions and roles in the medical curriculum; surgery, of course, is no exception. Surgery has been, is, and will be an important part of medicine's armamentarium in the battle against human disease and disability.

Until such time as medical science finds cures for wide varieties of malignant disease, until infections no longer pose a threat to human life, as long as babies continue to be born with bodily defects, while all forms of transportation continue to jeopardize life and limb, and until man-made wars cease to scar the face of this earth — there will be a need for men and women schooled in the art and science of surgery to minister to human needs.

However, surgery as a specialty brings far more to bear on the problems of human disease and disability than its technical skill alone. There is hardly a field in the broad area of medical science to which surgeons have not made substantial contributions in our knowledge of anatomy, physiology, biochemistry, bacteriology, and immunology. If this were not the case, one would be hard pressed to justify the inclusion of surgery in the undergraduate curriculum.

Indeed, we have witnessed an amazing dissolution of the artificial barriers that separated surgery from related disciplines in the past. This has been due in large measure to the young academic surgeons seeking answers to problems that have heretofore eluded the vain efforts of those intellectually handicapped by the mechanistic approach to surgery alone. As they develop expertise in the various fundamental sciences, they provide an additional faculty resource for undergraduate instruction, and form strong bridges between basic and applied sciences. It seems highly probable and desirable that in the years ahead this new breed of surgeons will assume a greater responsibility for undergraduate education in the areas of anatomy, "classical" physiology, and biochemistry. How soon and to what extent this becomes practical is contingent in part on our grooming academic surgeons in sufficient numbers and with appropriate qualifications to assume this added chore. We at Yale propose to meet this contingency in the years ahead.

In any event, surgery will continue to add new dimensions to medical education through a thorough understanding of the body's response to trauma, whether surgical or accidental, and provide ample justification for its continuing participation in the education of future physicians.

A different, but related issue confronting medical educators, and one not so easily resolved, is whether all students should be required to spend a prescribed period of study in all of the many so-called life sciences, or will it be in the student's best interests if a certain permissiveness be allowed to prevail and certain areas, indeed surgery, be omitted if they do not add significantly to his career design. The contemplation of such an eventuality would not be discomforting if it could continue to be debated on a never ending philosophical plane, but it is now a matter of practicality that can no longer be wished away.

In many ways the doctor of medicine degree today is about the equivalent of the baccalaureate degree at the turn of the century — an entry blank to an ever expanding panorama of career choices from family practice to biophysics, from cardiac surgery to hospital administration. Are we to believe that the preparation for these diverse careers should be identical, and that the medical student should refrain from plotting his course or making his medical career selection until he approaches middle age?

Evolving practices during the past few years indicate that we can expect to witness an increase in the number and a strengthening of the clinical ententes that are such an integral part of today's modern medical center. The natural unions of neurosurgery with neurology, cardiac surgery with cardiology, urological surgery with renology, abdominal surgery with gastroenterology are but a few examples of the strong and vigorous confederations born of common clinical and research interests. In many instances these unions may be far more durable than the ties that bind the individual specialty with its parent discipline.

There is an increasing body of evidence to suggest that the surgical fabric is being stretched in several directions, and one wonders if tradition and a core knowledge is sufficient to maintain an enduring relationship between cardiac surgery and orthopedics or urology and thoracic surgery. Or will greater educational benefits for all concerned, students, faculty, and practitioners alike, be derived from fresh realignments based on shared goals?

The social conscience of academic medicine has been awakened and the nation's health expectations must not go unfulfilled. We in surgery have to play a part no less demanding than that of our colleagues in other fields.

This will require courage, intellectual honesty, and creativity in abundance. Yale is worthy of the public trust.

Alumni Day 1967

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Darrell G. Voorhees, M.D. ('39)
Bronxville, New York

Medical Alumni Day on June 10 was a gala event. The fine weather, a large attendance, and an outstanding program combined to make it a tremendous success. Many said it was the best in years.

The annual meeting of the Association of Yale Alumni in Medicine was held in the afternoon. Dr. Lawrence Pickett presided with skill and enlivened the business session with his wit and humor. He welcomed the five-year reunion classes (1912-1962) and introduced Dr. Anthony J. Mendillo, Class of 1907, as the senior alumnus present.

Members present unanimously approved the amendments to the constitution which were recommended by the Executive Committee and mailed to the membership in May. These update the constitution with regard to the hospital name and the time of the Alumni Day meeting, and increase the membership of the Executive Committee to include one public health alumnus and one former house staff member and, ex officio, the chairman of the Medical School Alumni Fund.

Dr. Samuel D. Kushlan and Dr. Max Taffel at outdoor luncheon on Medical Alumni Day.

Following election of new officers, Dr. Pickett expressed appreciation to the retiring secretary, Dr. William Wawro ('38); to Dr. George Carden ('35) and Dr. Malvin White ('39), who completed two years on the Executive Committee; and to Dr. Lee Farr ('33), who has served as medical school representative to the Yale Alumni Board since 1963. It was announced that Dr. Sawnie Gaston ('35) of New York City would succeed Dr. Farr as a representative to the Alumni Board.

The business meeting was followed by a lively panel discussion on the new medical curriculum at Yale; there were many questions and active discussion by the alumni.

Dr. Conrod R. Lam tolks with Dr. Benjamin Costleman, newly-elected president of the Association of Yale Alumni in Medicine, during Alumni Day social hour.

At the conclusion of the afternoon meeting, Dr. Pickett presented Dean Lippard with a gift from the officers and members of the Executive Committee who had served during the dean's fifteen-year tenure and a plaque expressing the appreciation of the members of the Association of Yale Alumni in Medicine.

Presentotion of the ploque, inscribed: "The Associotion of Yole Alumni in Medicine, through the members of the Executive Committee, post ond present, wish to express their sincere appreciation to Dr. Vernon W. Lippord, Dean of the Yale University School of Medicine from 1952 through 1967, for his devoted, sustained ond continuing efforts on behalf of Yale students, faculty and olumni."

An Electronic Message from the New Dean

The absence of Dr. F. C. Redlich, who was to become dean on July 1, from the alumni meeting was unexplained until Dr. Pickett called for a dimming of the lights and projection of a videotape that had been made the previous day. Appearing on the 144-inch screen of the Mary Harkness Auditorium, Dr. Redlich greeted the alumni with a personal and informal, but highly informative, talk:

Dear Alumni, and wives, faculty members, friends. May I say fellow alumni? After all, Yale University gave me an honorary master's degree — of course, only because this great university doesn't trust anybody to teach here at a higher rank unless he holds such a degree.

Let me first explain to you why I appear here not in person but on videotape. It makes me think actually of the professor who told his students that in order to gain time for his research he would use a tape recorder and not appear in person before his class. Being a very modern and democratic educator, he asked them whether they would agree. They agreed. On the following morning there was no professor but a tape recorder, but there were also no students. About fifty tape recorders listened to the tape.

Now, we are using these modern teaching devices, but we use them imaginatively. It is not for this reason, however, that I appear before you on television, but because of an earlier obligation. When Kingman Brewster tapped me for the new job I had made a prior commitment to take part as a Yale delegate in a conference on group relations at Mt. Holyoke College and I felt it was im-

possible for me to give up that particular assignment. So an hour from now I will have my first group relations session at Holyoke. I will speed as fast as I can — no, actually I will go just slightly above speed limits towards Holyoke. Slightly above speed limits without too much trouble with the Establishment might characterize my style in what I hope to do here.

So you understand it is with sincere regret that I cannot be here in person. But I would like to tell you a bit about why I took this job, and I will tell you informally and very shortly some of the things I have in mind which can be done in our medical school and where I would like to help in doing it.

When Kingman Brewster invited me to take the new job, it was to my greatest surprise. I was on the search committee. When he asked me over one late afternoon, I had on that particular day had a near accident in a plane. I felt I lived somewhat on borrowed time and maybe this had something to do with my acceptance of the assignment. Actually when I came home I told my wife that Kingman Brewster had found a new dean. She asked me, "Who is it?" I told her that she knew him, and she said, "Well, don't play games with me — tell me who it is." Neither one of us had had the slightest idea that this honor would be bestowed on me.

The reason I responded to the invitation had something to do with my desire to get back closer to the core of medicine; maybe one could put it that I wanted to see blood again. But most of all it had something to do with the fact that I wanted to work under an exciting and vigorous administration on a change of the medical curriculum. This will be my foremost task.

Dr. Edward Adelberg, Dr. Byron Waxman, and Dr. Howard Levitin, with other faculty members, worked on a change of the curriculum for a long time. When they came up with a final report, the changes seemed to them conservative. And they seemed to be conservative to some of the senior faculty members, including me. I was amongst those requesting that we go further. And this is what we are going to do during this year. I'm confident that we will come up with an exciting, refreshing new plan which may well be the most radical innovation in medical education since the Flexner report. And to this I would like to contribute.

There are other changes which I hope we can bring about in this medical school. One of them concerns the delivery of health services. Medical schools have stayed quite aloof as far as the development of new health services is concerned. The result is that many of these changes have been engineered by the large bureaucracies in the state and federal government. I believe universities should take part in these innovations by developing model services, by investigating and evaluating them, and by training health personnel for such new services — thus providing a sound basis for the most modern types of health practice. One of these services at Yale will be the University Health Service which of course is of the greatest importance to the university itself. Another one is a comprehensive medical service in the so-called Hill area, the poverty stricken area which surrounds this medical center. We already have a comprehensive mental health service. We want to widen this into a medical service. Pediatrics right now is taking a very important step, moving into this area and giving comprehensive pediatric care. And other specialties will be added before too long. A third plan of this kind is the health plan which was designed by Dr. I. S. Falk for the unions. I want to stress, by the way, that any of these plans will be administered not by Yale but by agencies outside of Yale.

We will not be limited in our plans, however, just to these local endeavors. I hope our school can link up with at least one and maybe with two medical schools and universities in developing countries and foster not a parochial, but a global approach to medical problems. I believe this will be of benefit not only to the schools in the developing countries but also to our faculty and to our students.

Let me return again to the local scene and say one word about exciting changes in our basic science departments. These basic science departments at Yale have always been very strong, very vigorous. The change in basic sciences has been enormous. The pace has been unbelievably fast, which means that these sciences have to re-define themselves, and their position in relation to the graduate departments in the university, and also towards the clinical departments in the medical school. We hope to do this. One of the exciting changes which we are exploring is that of fusing our departments of anatomy, physiology, and microbiology into one large department of biology in medicine. We will take the first step this year by creating a consilium of the chairmen who will discuss, jointly, common problems of teaching, research, budget, space, and personnel, and will work towards a final amalgamation into one large department. I hope such a plan — we might say a common market of biology in medicine — will succeed, and I hope we won't have a De Gaulle who might prevent this.

There are three more endeavors which I would like to mention briefly. One of them, very much on my mind, is the town-gown relationship in medical practice in this community. Some say the gap between the practi-

tioners and the university men has widened; I am not certain about this, but I would like to do whatever I can to bring these two groups closer together. I don't think that this can be done by an avuncular approach. This will take some imaginative doing. And such doing I believe may be possible through some new endeavors which we can carry out here.

One of these endeavors is the so-called regional program which has been instituted in our state and in which the medical school has participated together with the new medical school of the University of Connecticut. This plan, an ambitious and imaginative plan, of extending postgraduate education and linking postgraduate education more strongly to the medical schools, may give us a chance to reach the practitioners to a much greater degree than we have so far, and I believe that such an endeavor will improve our relationships. About the relationship of practitioners and full time teachers I have a good deal to learn. Amongst other things, I would like to learn – maybe some of you can tell me – what makes a grateful student into a disaffected alumnus. It would interest me to understand this process. It's a process which is not too different from the kind of independence which occurs when the young son leaves his father and strikes out on his own. Somehow I believe that this does not always have to occur with alienation and with anger and distrust.

And finally I would like to announce my intention to do anything in my power to improve the medical care which is given at this medical center. There have been many critics maintaining that the level of medical care given at the center is not optimal. I personally believe this is true. I believe that much improvement can take place, and I am very happy to say that the new chairmen who lead our clinical departments feel the same way and really want to do anything they can to improve the level of clinical care. The time of the pauper-guinea pig patient, from whom we gained much of our medical knowledge, is past. A new time has come and we have to adjust to this. I believe that if we don't change we will not have the opportunity to practice nor to teach and investigate at the highest possible level.

In the near future a book will appear, written by Dr. Ray Duff of the department of pediatrics and by Professor A. B. Hollingshead, an old coworker of mine, in the department of sociology, seriously criticizing some of the medical practices in this medical center. To write such a book takes courage, but it takes even more courage to face this and then do something about it. This we will do, and I hope in this endeavor that my own specialty will be helpful – not just psychiatry, but the behavioral sciences, psychology and sociology – in enabling us to improve clinical practice in all specialties and in general practice. I have, by the way, no intention to favor psychiatry over other specialties, any more than Dr. Lippard favored pediatrics because he is a pediatrician.

This brings me to the end of my remarks. Thinking of Dr. Lippard, the thing I am particularly sorry about is that I won't be here with you when you honor this wonderful man. Dr. Lippard has taught me a great deal, particularly in the last few weeks when I took a very rapid apprenticeship with him. Ever since I had the privilege of being on the search committee which recommended to President Griswold that he bring Dr. Lippard to Yale as a Dean, we have been warm friends; and our wives have been close friends. I admire this man who has done so much in his quiet and modest way in this medical center, and trust that you will have a wonderful time with him. I hope to see you again soon and then report to you on some of the progress that we are making.

In the meantime I will have a chance to think what we at the Yale School of Medicine, working within the framework of a university, can do to make it, as Kingman Brewster hopes, the best medical school in the world. Thank you.

Reunion: Yale Medical Unit of World War II

by Averill A. Liebow, M.D.

Twenty-five years ago this autumn, the Yale Medical Unit of the United States Army sailed from San Francisco on an Army transport bound for the Pacific theater of war. Its designation as the 39th General Hospital honored the distinguished record of an earlier Yale unit, the 39th Mobile Surgical Hospital, the pioneer of its type in the First World War.

Last May 21, the Yale Medical Unit of World War II celebrated the twenty-fifth anniversary of its activation with a reunion at the home of Dr. and Mrs. Frederick A. Wies in Pine Orchard, Connecticut. Forty-eight officers, including 32 nurses, attended, and with their spouses made a gay group of 70 who enjoyed gracious hospitality and a fine dinner. The renewal of friendships cemented by the war experience was saddened only by awareness of the void left by departed members of the unit.

Dr. and Mrs. Wilbur D. Johnston served as reunion adjutant and executive officer, respectively. Dr. (Colonel) James C. Fox, as senior officer, reminisced and brought to life many hilarious and trying incidents. Marion Eisnor, who had recently revisited New Zealand, the first overseas station of the unit, showed a fascinating and nostalgic collection of color slides. Those attending felt as if the unit were again being mobilized without a gap in time, and the reality seemed the greater because of the current undeclared war.

Dr. Wies, the host, and Marion Eisnor celebrate Yale Unit's reunion (left), and a toast is proposed to the Colonel and his lady, Dr. and Mrs. James C. Fox (right.) The excellent state of readiness of the unit is illustrated by the fit of a 1942 uniform worn by Margaret (Peggy) Neilson Damon, shown in conversation with Dr. Russell V. Fuldner (below.)

The Yale Unit of World War II was activated at Camp Edwards, Massachusetts, on July 15, 1942, under the command of Colonel Otis L. Graham, MC, after two years of organizational activity. After training at Camp Edwards and Camp Stoneman, California, the unit arrived in Auckland, New Zealand, on November 22, 1942. The 1000-bed hospital was opened on February 7, 1943, and the addition of a convalescent unit subsequently expanded its bed capacity to 2000. By the time it was closed on November 20, 1944, it had given care to 23,411 patients. On May 14, 1943, Colonel Don Longfellow was given command of the hospital, after Colonel Graham had become ill.

On Saipan where the unit arrived on January 27, 1945, after a three week voyage, members of the unit were assigned to existing hospitals where they helped to treat casualties from Iwo Jima. The 39th General Hospital occupied its own buildings on April 27, 1945, and thereafter received large numbers of casualties from Okinawa. On June 7 of that year the hospital was ordered to increase its capacity to 2000 beds in preparation for the anticipated invasion of Japan, but after August 15, when the terms of the Potsdam Declaration were accepted by Japan, personnel were gradually returned to civilian life.

During the three years of its activity, the Yale Unit made outstanding contributions not only in clinical care but in research. A dose schedule for atabrine needed to maintain a suppressive blood level against the malaria parasite was established. The many psychiatric problems of jungle combat were investigated, and a high salvage rate was achieved by treatment as close as possible to the combat zone, and by reassigning the casualties to service units after treatment. The relationship of eosinophilia to hookworm and *Strongyloides* infection was clarified, and the epidemiology of these conditions was studied. The diphtheritic nature of "jungle rot" and "tropical ulcers" was established and the great clinical and epidemiological importance of diphtheria in the tropics, together with such complica-

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Dr. Liebow, now John Slade Ely Professor of Pathology, was pathologist with the 39th General Hospital and later with the Joint Commission for the Investigation of the Medical Effects of the Atomic Bomb.

tions as the Guillain-Barré syndrome, was elucidated by studies in the field. In addition a whole new group of corynebacteria was discovered and their role in disease in the tropics was investigated.

Members of the original Yale Unit were detached to render important service – Dr. Joseph Sadusk for work with the Typhus Commission and as senior epidemiological officer in Hawaii, Dr. Paul Harper as senior Army malaria control officer for the South Pacific, and Dr. Ashley W. Oughterson as Surgical Consultant to General MacArthur. From the vantage point of his strategic position, Dr. Oughterson organized and directed the Joint Commission for the Investigation of the Medical Effects of the Atomic Bomb in Japan, which performed the studies at Hiroshima and Nagasaki and wrote the definitive report for the Surgeon General.

The 39th General Hospitol in Auckland, New Zealand, in the lote fall of 1943. The originol 1000-bed hospital in contonement style is shown ot the left, ond o portion of the convolescent section (light roofs) ot the right.

Spring of 1945, the 39th Generol Hospital on Saipon. The cliff looming over the beach (bottom of photo) is honeycombed with coves thot were still occasionolly occupied by Joponese soldiers in hiding mony months ofter the island was declored secure.

A Happening for the Lippards

Dr. Lawrence K. Pickett, representing the medical alumni, greeted Dr. Lippard as the honored guests arrived by special limousine accompanied by their daughter, Lucy Lippard Ryman.

Spring flowers for Mrs. Lippard and a presidential commencement address for the retiring dean: "This is not the end, but a new beginning," Mr. Brewster tald Dr. Lippard, who became Assistant to the President and Fellows af the Yale Corparation far Medical Development on July 1.

More than twelve hundred guests gathered in Edward S. Harkness Hall on a Sunday afternoon in May to honor Dr. and Mrs. Vernon Lippard. The occasion was a reception given by the medical faculty and students for the retiring dean and his wife. Dr. Lippard referred to it as "a happening."

On behalf of the medical faculty, a bound folio of photographs was presented to the dean by Dr. Redlich, then dean-designate. It contained pictures of all department chairmen and of the buildings completed during Dr. Lippard's 15-year administration. An inscribed silver bowl, a gift to the Lippards from the student body, was presented by Student Council President J. Robert Kirkwood of the class of 1967.

An Activist Surgeon *Jack Westley Cole, M.D.* Ensign Professor of Surgery

The atmosphere along Cedar Street on these crisp autumn days is charged with excitement and anticipation. Dynamic programs are taking shape, further expansion and development are being planned, and there is ferment and innovation throughout the medical school. As one of the newer members of the faculty, Dr. Cole views this environment with the contagious enthusiasm of a spiritual convert. Speaking from more than 15 years of experience in academic life, he says, "The prospects here are unbelievably good. I don't think any other medical school in the country has the potential Yale is enjoying now. The ball is really in our court!"

For the 47-year-old surgeon who came to Yale last year as chairman of the Department of Surgery, it is essential to be where the action is. Beneath his ebullient optimism is a dedicated commitment to social and scientific progress in medicine that has involved him deeply in international medical affairs and in challenging assignments both at home and abroad. He calls it his "missionary zeal."

A fifth generation Oregonian, Jack Westley Cole was born August 28, 1920, in Portland, and grew up in Eugene, site of the University of Oregon. His father was a railroad man and the great-grandson of a physician who had migrated west from Kentucky in covered wagon days.

"My childhood was typically that of a small town boy," Dr. Cole says. "I worked on the school newspaper and thought about becoming a journalist. During high school I had a weekly radio show on the local station — supposedly a program about school activities — but I never planned it in time and usually wound up singing my way through the show." He organized a choral group, studied violin for a time — "until I fell and smashed it, perhaps intentionally, while roller-skating to a lesson" — and later took up drums, which he played occasionally until a few years ago.

He has a continuing interest in music, but no real hobbies in the usual sense. "I'm too much involved in my work. I carry it home and even mull about it on vacation. The longest holiday I ever take is two weeks and, even then, after a few days I begin to fret about what's going on back at the office. It's not that I think I'm indispensable. It's just that I have to be involved. I'm an activist."

At the University of Oregon, where he took the premedical course, he was involved in campus affairs and was elected president of his fraternity. During his college summers he worked in vegetable canneries and on highway crews, tended the boat dock at a Lake Tahoe resort, and drove cattle on the plains of eastern Oregon.

Today, standing six foot three, he has a certain rangy cowboy quality that may derive from the two summers he spent in the saddle on the open range as "a real buckeroo ranch hand." The rookie of the outfit, he often drew the cooking chore and still recalls the recipe for one standard dish, *buckeroo spuds*: cut up potatoes and onions, add bacon and a can of corn, stir everything up in a frying pan, and cook it in a hole in the ground.

At age 20, "a real buckeroo ranch hand"

Number One in Surgery

When he entered medical school at Washington University, St. Louis, in 1941, he came in contact with Evarts Graham, one of the great surgeons of this century. As chairman of surgery, Dr. Graham had assembled an outstanding faculty and the department inspired such awe

that many students were discouraged from considering a surgical specialty. But Jack Cole's initial interest in the field was strengthened by the fact that, when students' academic ratings were posted, he ranked number one in surgery.

At medical school he also developed a strong interest in the registrar's office. By his third year he was finding constant excuses to consult with the registrar's assistant, a lovely blue-eyed brunette named Ruth Kraft. They were married at the beginning of his senior year.

With his M.D. degree in hand in the fall of 1944, he accepted an internship in surgery at the University Hospitals of Cleveland. It marked the beginning of what was to be a long and productive association with Western Reserve University School of Medicine, 19 years including his leave for military service. Commissioned under the Army Specialized Training Program (ASTP), he was ordered to active duty shortly after V-J Day and served for one and a half years as chief of surgery at the Army's 120th Station Hospital in Bayreuth, Germany.

Just before he came home for discharge with the rank of captain, the 120th Station Hospital was converted to a hepatitis center, a circumstance that occasioned his first contact with Yale. "I was asked to stop here on my way back to deliver some specimens to Dr. John Rodman Paul for his hepatitis studies," Dr. Cole recalls. "I flew to Massachusetts and came down to New Haven by train, lugging a big cannister of blood, urine, and stool in dry ice. I'm afraid the school made little impression on me then as I was feeling rather refractory. Our first child had been born while I was in Europe, and I was anxious to get home to see her. In my haste I lost my travellers checks at the railroad station and, all in all, I was glad to get out of New Haven."

Joined by his wife and 15-month-old daughter, he returned to the University Hospitals of Cleveland for his residency. There, through the stimulation of Dr. William D. Holden, now chairman of surgery at Western Reserve, Dr. Cole was first attracted to academic medicine and research. His initial investigations, in blood coagulation, were followed by studies in cytology and cytochemistry. Under the tutelege of Dr. Cecilie Leuchtenberger, he became interested in cancer at the cell level and began the work that led to his important research contributions in intestinal cancer. His study of the spontaneous disappearance of tumors occurring in patients with familial polyposis shed an entirely new light on the understanding of abnormal cell growth when it was published in 1952.

That year he completed his training as chief resident in surgery and joined the Western Reserve medical faculty, convinced that academic medicine was the most exciting way he could spend his professional life. "It gives one license for innovation, and this is an important part of academic freedom. A school expects us to be creative, breaking new ground and trying new approaches. To be at the forefront is our duty; not to is a dereliction."

He thoroughly enjoys teaching and has found that "it keeps one young to play a part in the training and development of students and residents. There's no substitute for it." But, as a teacher, he is also wary of self-replication. "A specialist tends to turn out others like himself. It is important that the surgical specialties continue, and they will undoubtedly become more numerous, but the specialist must have a broad surgical base on which to build. People who specialize too early tend to develop tunnel vision, to focus on such a narrow field that they overlook other factors that have important bearing on the patient. Once they are shackled by established ways of doing things, they are unable to see new ways. Those who keep a free, open mind are apt to make the most substantial advances."

Throughout his career he has continued to practice surgery. It is particularly important, he feels, that a chairman "keep a sharp edge, to command the respect of his colleagues and students." There was one period, however, when his future as a practitioner was in grave doubt. In 1952, during the widespread outbreak of polio, he contracted the disease and was hospitalized for three months.

"I had just finished my residency, and any lasting paralysis of my hands would have sent all that surgical training down the drain. I wore a plaster collar and an airplane splint on one arm for three months, and a back brace for three years — and luckily I came through without permanent damage."

Internationalist in Medicine

On the wall of Dr. Cole's office at Yale is a striking modern painting by Bernard Buffet of the Tower Bridge in London. He is an Anglophile, he explains, as a result of two extended research visits — in 1958 and 1962 — to London where he worked at St. Mark's Hospital, mecca for the study and treatment of diseases of the large intestine. His 1962 visit on an Eleanor Roosevelt International Cancer Research Fellowship involved his second contact with Yale when, in applying for the fellowship, he was interviewed by Dr. William U. Gardner, professor and chairman of the Department of Anatomy.

It was also in 1962 that he joined an American medical mission requested by the Liberian government to stem

Liberian villagers brought gifts of appreciation to Dr. Cole and other members of the medical mission. After accepting the gifts, which included live goats and chickens and rice wrapped in palm leaves, the American doctors presented them to a leper colony.

a smallpox epidemic. Twelve physicians and medical students worked in groups of three each, travelling by jeep, small plane, and helicopter through the bush country of Liberia to vaccinate villagers who gathered at each stop. Dr. Cole describes the arrival of his group at the village of Bolahun, site of a small mission hospital.

"Our four-seater plane had just set down when we were told that a sick chief from a neighboring village had been brought to the hospital that morning. I found that he had an intestinal obstruction and it was necessary to operate at once with spinal anesthetic, even before we could unpack. We knew that if we didn't pull the man through we would lose the confidence of the villagers and we might as well leave. We pulled him through all right, and as soon as the word got around we had more demands for surgery than we could handle." The surgical facility at Bolahun offered a stern challenge to Dr. Cole's missionary zeal. A small wooden hut, it contained a table and a single light bulb powered by a hand-cranked gasoline generator.

In the course of its two-month mission, the medical team vaccinated more than 200,000 people and instructed Liberians in the use of a mechanical jet injector for rapid vaccination whereby nearly the entire population of the country was eventually protected against smallpox. Before he left Liberia, Dr. Cole was knighted for his services. A gold medal and certificate, presented by President Tubman, proclaim him a "Knight Official of the Royal Order of African Redemption."

The primary thrust of Dr. Cole's international service, however, has been in research and education. As chairman for the past two years of the International Fellowship Review Committee of the National Institutes of Health, and a member of the committee for five years, he has visited dozens of medical centers in South America, Europe, and the Middle East to review research programs and interview fellowship candidates. The NIH program brings young research scientists representing many different disciplines to the United States to study for two years with the understanding that they will return home to work in their parent institutions.

In his affiliations with scientific societies, Dr. Cole has served on the Foreign Scholar Committee of the Society of University Surgeons and the Committee of International Relations of the American College of Surgeons. On the domestic side, he has been on the Board of Governors of the American College of Surgeons, was president of its Ohio chapter in 1959-60, and is currently a member of the Education Committee of the American Surgical Association.

Apart from his professional interests, he is not a joiner and prefers to devote what free time he has to being with his family. The Coles live in Woodbridge where their three younger children – Tracy, 17, Doug, 15, and John, 11 – attend public schools. The eldest, Debbie, whom Dr. Cole hurried home from Europe to meet in 1948, is now a senior at Ohio Wesleyan University. She has her dad's wanderlust and spent last year

Dr. William G. Meffert (left), chief resident in surgery, reviews patient's chart with Dr. Cole following an operation.

in France at the University of Strasbourg.

A few years ago the family took a brief European vacation, visiting the sites of Dr. Cole's military tour including the 120th Station Hospital, where they found a Wagner festival in progress. "We travelled in a little Hillman, and although it was the height of the tourist season and we had no advance reservations, we had good luck everywhere," Dr. Cole reports. Not a surprising reception to be accorded an attractive family of six, all tall and athletically built, emerging circus-style from a minicar!

Third Contact with Yale

In 1963 Dr. Cole had reached the rank of full professor at Western Reserve and was looking for a new academic challenge. He found it first at Hahnemann Medical College and Hospital in Philadelphia where for three years he was professor and chairman of the surgery department. But the sum of his experience had shaped his thinking toward new directions and goals for surgery that could best be achieved with the resources of a major university. In 1966 he accepted President Brewster's invitation to come to Yale, succeeding Dr. Gustaf E. Lindskog who wished to be relieved of the surgery chairmanship he had held with distinction for 18 years.

The job is a little like conducting a symphony orchestra, Dr. Cole observes. "It's not always easy because physicians, like musicians, are sometimes temperamental, but that makes it interesting. It's different in that this orchestra has to play when I'm not here." The extensive travel required of department chairmen is a sign of the times, he feels, and the pattern must change. "Constant trips to Washington to negotiate government contracts, running all over the country to professional meetings — these things were foreign to chairmen a few years ago. We have to become more discriminating about our time."

On government involvement in science, he stands firmly in the liberal camp. "My experience in England convinced me that the national health program has had a salutary effect. The distribution of health care has been accelerated at a pace that could not have been achieved otherwise. In small hospitals and clinics in the Midlands that had never before had qualified surgery, I saw outstanding surgeons exercising the same care and precision with a chimney sweep as they would with a bank president. The program separates the physician in the finest sense from the man who is interested only in monetary gain.

"In this country, society is beginning to take a hard look at the distribution of health facilities and the expense involved in duplication. Regionalization is a large part of the answer to improved distribution, and the government wants the medical profession to take the leadership in this. The Regional Medical Program has been given to the medical schools to be our baby, and if we default the whole thing can become a political football.

But I believe that a real partnership between government and medicine portends great things for the country."

Mission-Oriented Research

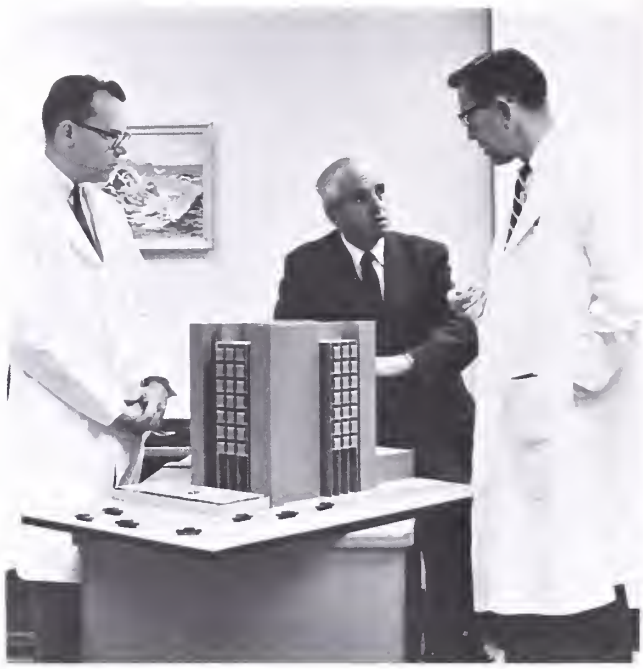
Increasingly, the needs of society can be expected to determine the research activities of the surgery department under Dr. Cole. Programs will focus on mission-oriented research in four specific areas that offer widening vistas in terms of human need and are already represented by exceptional talent on the surgery faculty. Dr. Cole identifies these areas as *trauma*, neur*al* sciences, *organ replacement*, and cancer.

He points out that trauma resulting from physical agents such as vehicle crashes, fires, and falls has reached epidemic proportions in the age of modern technology; yet it remains one of the most neglected subjects of medical research. "While studies in psychology, engineering design, and other fields can help prevent or minimize trauma, our research will be concerned with the 'post-crash phase'—what happens to the victim from the moment of injury on."

Model systems are now being developed in the department to study the evacuation of accident victims by helicopter from turnpikes and parkways, the use of large mobile accident units equipped with operating facilities, and the deployment of medical personnel in accident cases. Complementing a broad range of biological studies will be sociological research involving the trauma victim's family and their adjustment to his injury, hospitalization, and rehabilitation.

Research on organ replacement will be concerned both with prosthetic systems and with transplanted biological systems. These studies, as well as those in the neural sciences and cancer, will require a constantly expanding dialogue between surgery and other branches of medicine. "As we look ahead to the next 20 years, we must re-examine the relationships of the present branches to the main trunk. Surgeons in training will be encouraged to spend more time in such disciplines as physiology, biochemistry, immunology, pharmacology, and public health and preventive medicine."

Plans for a new building to accommodate the Departments of Surgery and Obstetrics and Gynecology have been drawn with these new relationships clearly in mind. Laboratories are being designed to meet the requirements of a variety of investigators who will be working



Dean F. C. Redlich (center) discusses plans for o new building ot the medical center with Dr. Edward J. Quilligan, choirman af abstetrics and gynecology, and Dr. Cale. Architect's madel represents the proposed structure for the departments of surgery ond obstetrics and gynecalogy, ta be locoted ot the carner of Congress and Haward Avenues.

at the bench side by side with their surgical colleagues.

"By developing strong ties with other disciplines, wherever our research needs lead us, we increase our receptiveness to new approaches," Dr. Cole says. "It's axiomatic that each step in the advancement of science is the result of an observation falling on a fertile mind."

It is just such a mind, along with the catalyst of his missionary zeal, that the chairman of surgery brings to bear on the exciting new developments in medicine at Yale.

The Cales at their new hame in Waadbridge

Worthington Hooker (1806-1867): Physician, Teacher, Reformer

by Chester R. Burns, M.D.

Worthington Hooker in about 1864, from a group photograph of physicians who served in New Haven's military hospital during the Civil War

A year or so after Worthington Hooker was buried in Grove Street Cemetery in November, 1867, Henry Bronson, a former colleague, described the eminent doctor as a man "of medium stature, well rounded and portly in form, with an open, cheerful countenance, a gracefully turned and well developed head, thin gray locks, and fine 'presence.' " Presumably Hooker's hair was darker and his form less portly when, as a Yale undergraduate, he sat at the feet of his tutor, President Woolsey, who considered this son of Judge Hooker of Springfield, Massachusetts, one of the best pupils in his class.

In 1829, Hooker graduated from Harvard Medical School and began the practice of medicine in the small town of Norwich, Connecticut. In the following year, he sang the praises of liberty and Christianity in a Fourth of July oration to the Norwich Lyceum, and he undoubtedly extended some praises to a Miss Mary Ingersoll from his native Springfield, to whom he was married in September. Also in 1830, he became clerk of the New London County Medical Society.

For the next 15 years, Hooker was a highly regarded Norwich practitioner and an active member of several medical societies, especially the Connecticut State Medical Society. He initiated his various contributions to the medical literature with the publication of a paper read at the annual meeting of this society on May 8, 1844. In that paper, Hooker lamented the community's lack of regard for the medical profession. He placed the blame, or better, the responsibility, for the poor doctor-patient relationships squarely on the shoulders of both the doctors and the public. This concern with problems of medical ethics was to be his lifelong and singularly distinctive contribution to American medicine. Hooker's 1849 book on medical ethics, *Physician and Patient: or a Practical View of the Mutual Duties, Relations, and Interests of the Medical Profession and the Community*, was even published in London and considered a unique contribution to the medical literature. He employed evangelical fervor in writing about those practitioners and systems of medicine he considered erroneous. With fewer derogatory comments and more constructive suggestions, he prepared a report dealing with reform in medical education for the American Medical Association meeting at Charleston in 1851. This report was another chapter in Hooker's quest for an elevation of the standards of medical practice.

With less propriety, perhaps, and a plethora of self-interest, Hooker, in February of 1852, wrote to his ex-teacher, President Theodore Woolsey, about a professorial position at the Yale Medical School. It is difficult to dissect all of the meanings of the extant letters, located in the Yale University Library, but it is clear that Hooker would not accept the chair of Materia Medica because he felt unprepared to teach the subject and moreover did not like it. Also concerned about the prospects of private practice in New Haven, Hooker decided that if Dr. Ives would return to the chair of Materia Medica, then he would gladly accept the professorship of Theory and Practice which Ives was currently holding. Apparently the matter was settled quickly as he wrote to Woolsey a week later about his sadness at the prospects of severing attachments in Norwich.

Hooker delivered his inaugural lecture as Professor of Theory and Practice of Medicine in the College Chapel on October 2, 1852. This lecture, analyzing attitudes within the profession, was another installment in Hooker's quest for medical reform. Little information is available on the influence of Hooker as a teacher of medical students. It is not clear why he objected so vigorously to the chair of Materia Medica. His conservatism and criticism would have undoubtedly rendered service to the Yale students who, if we can judge from a student's notebook of the late 1850's in the Yale Medical Historical Library, were being taught that spider's web was a nervous stimulant and that volatile oil of skunk was useful in hysterical affections.

In addition to problems of medical education in particular, Hooker's reforming impulses now became directed towards formal education in general. He thought there should be a reform in the manner in which the

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Dr. Burns is a Fellow of the Johns Hopkins Institute of the History of Medicine. This essay, commemorating the 100th anniversary of Worthington Hooker's death on November 6, 1867, is an outgrowth of Dr. Burns' scholarly paper, Worthington Hooker (1806-1867) and American Medical Ethics, *presented at the fortieth annual meeting of the American Association for the History of Medicine last April in New Haven.*

natural sciences are taught as well as the manner in which all facts are taught and, between 1853 and 1865, devoted much of his energy towards achieving such reform. In 1853, he gave an address at the opening of the Webster public school. In 1854, he published a textbook of physiology, suitable for colleges, and read a paper at the annual meeting of the American Institute of Instruction. In 1855, he gave an address at the opening of the Eaton public school and prepared a condensed version of his physiology text for use in the secondary schools. Hooker wrote numerous texts for elementary schools including volumes on natural history, natural philosophy, chemistry, mineralogy and geology. These books attained a widespread popularity, some being reprinted as late as 1888. In 1857, he began serving a three-year term as a member of the Board of Education of the New Haven City School District.

Hooker's medical activities did not cease during these years, although his private practice undoubtedly diminished after the move to New Haven. After four years in New Haven, he became a member of the Board of Directors of the General Hospital Society of Connecticut and remained a member for life. (He should not be confused with a distant relative, Charles Hooker, who was a member of the Board of Directors between 1839 and 1863). During this period, he was also attending physician to the New Haven Hospital. He sustained his interest in medical ethics by writing a dissertation on therapeutics which became the 1857 prize essay of the Massachusetts Medical Society.

Hooker's first wife died shortly after the move to New Haven, in fact, a year before their son and only surviving child graduated from Yale. His second wife was Henrietta Edwards, daughter of a former Governor, and their son, Alfred, was ten years old when his father died.

In September, 1859, Hooker gave a speech in Norwich at the festivities celebrating the 200th anniversary of the settlement of that town. This speech contains one of the few extant autobiographical remarks, namely, that he had "sometimes been taken for a clergyman, (I suppose from my wonted gravity of manner so well known to you,) and was once introduced to a large audience as the Rev. Dr. Hooker."

The last three years of Hooker's life were vigorously active and clearly rewarding. He was elected a vice-president of the American Medical Association in 1864 and prepared a report about specialties for the AMA committee on medical ethics in 1866. He retired as attending physician to the New Haven Hospital in 1864, but continued as consulting physician. He conscientiously attended the meetings of the School of Medicine faculty, with many of these meetings held at his office or home. He continued to act as a deacon of the Church of the United Society, having been chosen as such in 1858. And, in an 1866 oration, he strongly asserted to the members of the Connecticut Academy of Arts and Sciences, of which he had been a member since 1852, that – contrary to Robinet, Lamarck, and Darwin – man was an original creation by God, and not a descendant of animals.

Hooker was also elected a member of the Prudential Committee of the Board of Directors of the General Hospital Society of Connecticut. The Prudential Committee appears to have been a judicial sub-group within the larger society. For example, this committee not only evaluated a complaint about the general management of the hospital by its steward, but was also delegated to negotiate a settlement with the government regarding a lease arrangement made during the Civil War. The Board of Directors, in 1865, named Hooker to a Board of Visitors Committee. This committee was supposed to visit the hospital every month inquiring "into the economical and moral concerns of the Hospital", designating abuses and suggesting improvements "in a report every two months to the Prudential Committee." Perhaps overwhelmed with committees, or perhaps cobwebbed with the practical conscquences of his own brainchild, Hooker managed to have his wife, Henrietta, elected to this Board of Visitors Committee. One could, with slight imagination, reconstruct some of the dinner table conversations between Henrietta and Worthington after the former had policed the wards, offices, and corridors of the hospital.

In acknowledging the centennial of Hooker's death, we pay tribute to his services as a Connecticut physician, to his contributions as an educator, medical and non-medical (when built in 1900, the public school on Canner Street was named for Worthington Hooker), and to his enduring statements about the relationships between the medical profession and the community. Portions of his 1849 monograph can be read with value by today's practitioner. But no tribute can match the one given, at the time of Hooker's death, by his colleagues on the Board of Directors of the General Hospital Society of Connecticut: "Resolved that in common with our whole people we mourn the death of Dr. Hooker as a loss to the cause of science, humanity, and social life –We, who have long known his skill, energy, and devotion in promoting the interests of this Institution and his generous and effective services in behalf of human suffering, most sincerely lament his death. Cut off suddenly in the vigor of his days and the midst of his usefulness, he has left with us deep impressions of his kind and genial temper, his glowing cheerfulness, and bland and gentle manners; and we sympathize feelingly with his more immediate connections, in cherishing the recollections of those beautiful traits of character which make us mourn for him as for a brother beloved."

This investigation was supported by U.S. Public Health Service Training Grant number 5 T01 LM00105-07 from the National Library of Medicine.

Student Research on Four Continents

Vellore, India·A Yale medical student records significant regression in a case of oral cancer following combined radiotherapy and treatment with methotrexate and fluorauracil.

Institut Pasteur, Paris·Diseased plant tissue is analyzed by a Yale medical student who seeks to determine the possible involvement of a bacteriophage in the induction of a gall crown tumor.

Montero, Bolivia·A nursing mother in a large Indian family answers a medical student's questions in a house-to-house survey of weaning practices, part of a study of the sociology of kwashiorkor.

Emergency Room, Yale-New Haven Hospital·A teen-age boy who has just been treated for injuries suffered in an automobile accident tells a medical student about his reception and treatment at the hospital.

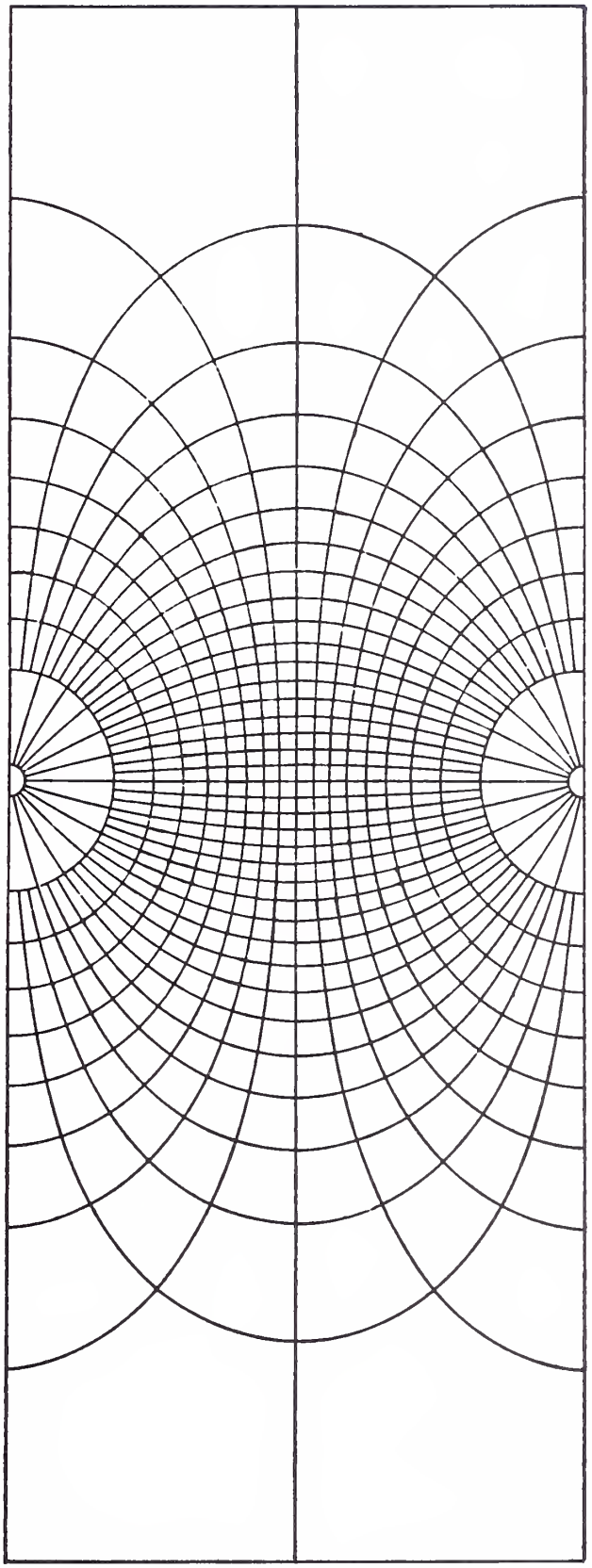
These incidents occurring simultaneously on a day last August indicate the scope of the research projects undertaken by Yale medical students in the summer of 1967. In addition to clinical trials, laboratory investigations, epidemiological studies, and examination of procedures in health care, student research during the summer also involved field work in such diverse areas as occupational medicine and the history of medicine.

Yale's traditional emphasis on research as an essential experience in medical education has been strengthened by the increasing availability of summer fellowships for students. Last summer more than half of the men and women entering the second-, third-, and fourth-year classes received support that enabled them to devote the major part of the vacation period to research.

Most of the fellowships provided a stipend of $500, or $600 for married students. The largest single source of funds for this purpose was the United States Public Health Service. Fellowships were also supported by grants from the American Cancer Society; Lederle Laboratories; the Richard Alan Hirschfield Memorial Fellowship Fund; the Tobacco Industry Research Committee; the American Medical Association; the United States Children's Bureau; and the Ford, Rockefeller, Pierce, and Arthritis Foundations.

Twenty-four of the students worked abroad, most of them in Europe and the British Isles. Three were in Asian countries, two in South America, and four in the Caribbean area. Of those who worked in the United States, all but four were based in New Haven.

In each case the research project was sponsored by a faculty member who had reviewed and approved the student's fellowship application. Thereafter, the student was largely on his own in exploring an unanswered



question of medical science. Whether or not he found — or will find — the answer, he will have benefited from the opportunity to develop critical judgment and habits of self-education.

How do cells recover from genetic damage? Alan Finesilver, class of '68, studied the DNA repair mechanism in bacteria using a chemical mutagen, methyl methanesulfonate, which acts as a radio-mimetic agent. After treatment with this compound, he obtained the molecular weight of the DNA by means of sucrose gradient centrifugation. According to his faculty sponsor, Dr. Paul Howard-Flanders, professor of radiobiology and molecular biophysics, Mr. Finesilver has obtained the best evidence known to date of the way in which cells are able to reconstruct their DNA after damage by this type of agent.

By what mechanism do nerves effect the regeneration of limbs in certain amphibians? Condit Van Arsdall, class of '70, used staining techniques and light- and electron-microscopy to demonstrate the occurrence of neurosecretory substances in nerve cell bodies of sensory ganglia serving a regenerating newt limb. One of his research aims is to determine whether this same phenomenon is involved when a supernumerary limb is induced to develop ectopically by the diversion of a nerve to an appropriate site. His faculty sponsor is Dr. Thomas L. Lentz, assistant profesor of anatomy.

What stresses are placed on the fetal heart during childbirth? Ellen Lippman, class of '68, studied changes in the fetal electrocardiogram that are associated with certain fetal distress situations during labor: compression of the fetal head, umbilical cord compression, and utero-placental insufficiency. These patterns have been defined through the research of her faculty sponsor, Dr. Edward H. Hon, associate professor of obstetrics and gynecology, who has electronically monitored uterine contractions, fetal heart rate, and fetal EKG in thousands of childbirths. Using computer analysis of fetal electrocardiograms from selected populations of monitored births, Mrs. Lippman hopes to correlate specific stresses placed on the fetal heart with each of the defined fetal distress patterns. She is shown here with Dr. Hon (left) attending a patient during monitored labor.

In and About Sterling Hall

Dr. Lidz Appointed Chairman of Psychiatry

Dr. Theodore Lidz, professor of psychiatry, has been appointed chairman of the Department of Psychiatry, succeeding Dr. F.C. Redlich, who became dean of the medical school in July. Dr. Lidz, a member of the Yale faculty for the past 16 years and psychiatrist-in-chief of the Yale-New Haven Hospital from 1951 to 1960, is noted for his research on the intrafamilial environment of schizophrenic patients as well as on psychosomatic disorders.

He has played an important role in medical education, having served on the Executive Committee of the Ithaca Conferences on Psychiatric Education (1950 and 1951) which established basic principles for the

Dr. Lidz

teaching of psychiatry in this country. As chairman of the Committee on Medical Education of the American Psychiatric Association from 1952 to 1955, he helped formulate a curriculum for teaching psychiatry to medical students that has served as a guide for many of the country's medical schools.

In 1961 he received the first Frieda Fromm-Reichman Award for Research in Schizophrenia and the following year received a Research Career Award from the National Institute of Mental Health. In 1965-66, he was a Fellow at the Center for Advanced Study in the Behavioral Sciences at Stanford, California.

Dr. Lidz is the author of more than 100 papers and several books including "The Family and Human Adaptation," published in 1961. He is co-author with Dr. Stephen Fleck, professor of psychiatry and public health, and Alice Cornelison of "Schizophrenia and the Family," published in 1965.

A native of New York City, Dr. Lidz studied at the Universities of Bonn and Munich, Germany, and at Columbia University where he received his A.B. degree in 1931 and the M.D. degree in 1936. He interned at the New Haven Hospital, took postgraduate study at the National Hospital in London, and did his psychiatric residency at Johns Hopkins Hospital. He was named to the Johns Hopkins University medical faculty as instructor in 1940, was promoted to assistant professor in 1946 and associate professor in 1947. He joined the Yale faculty as professor of psychiatry in 1951.

During World War II he was chief of psychiatry with the Army's 18th General Hospital in the South Pacific and Far East, and later clinical director of the psychiatric service at Valley Forge General Hospital, Pennsylvania. He is a psychoanalyst, having trained in this field at the Baltimore and Western New England psychoanalytic institutes.

Alumnus Appointed to Head Neurosurgery

Dr. William F. Collins, Jr., a Yale medical alumnus and former chairman of the Division of Neurological Surgery at the Medical College of Virginia, has been appointed professor of neurosurgery. He assumed his duties in July as head of the Neurological Section.

Dr. Collins is an authority in the fields of neurophysiology and neuroendocrinology. His studies of small fiber systems in the spinal cord and brain stem have contributed significantly to understanding of the form

Dr. Collins

and function of the nervous system.

A native of New Haven and a graduate of Yale College, class of 1944, Dr. Collins received his M.D. degree here in 1947. He served his internship and residency at Barnes Hospital, St. Louis, and held a fellowship in neurophysiology at Washington University School of Medicine in 1953-1954. The following year he was appointed an instructor in neurosurgery at Western Reserve University School of Medicine where he was promoted to assistant professor in 1957 and associate professor in 1960. He became professor of neurosurgery at the Medical College of Virginia in Richmond in 1963.

Dr. Collins' father, the late Dr. William F. Collins, Sr., who practiced in New Haven for many years, was also a Yale medical alumnus, class of 1904.

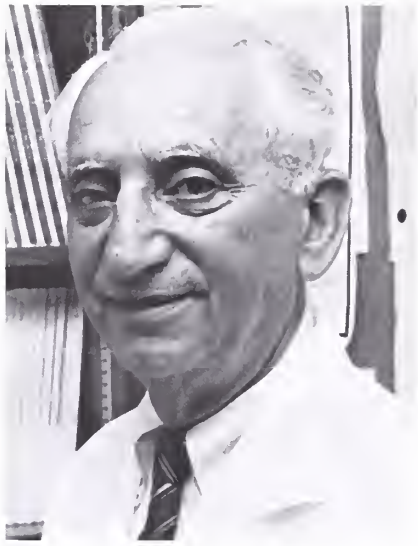
New Director for Mental Health Center

Dr. Gerald L. Klerman, associate professor of psychiatry, was named director of the Connecticut Mental Health Center as of July 1, succeeding Dr. F. C. Redlich.

Dr. Klerman, who is noted for his research in psychopharmacology, joined the faculty in 1965 and was the first clinical director of the Con-

Dr. Klerman

Dr. van Wagenen



Dr. Harris

necticut Mental Health Center, a State facility opened last year and administered by the Yale Department of Psychiatry.

A Cornell graduate, he received his M.D. degree from New York University College of Medicine and completed his clinical training in medicine and neurology at Bellevue Hospital. He has also received psychoanalytic training at the Boston Psychoanalytic Society and Institute and the Western New England Institute for Psychoanalysis.

Before coming to New Haven, he was principal research psychiatrist and assistant director of psychiatry at the Massachusetts Mental Health Center in Boston and clinical associate in psychiatry at Harvard Medical School.

Faculty Members Honored

Dr. Gertrude van Wagenen, lecturer in obstetrics and gynecology, has received the Samuel L. Siegler Award of the American Fertility Society. At the organization's annual meeting last April she gave the second annual Samuel L. Siegler Lecture entitled "Induction of Ovulation in Macaca Mulatta."

A member of the Yale medical faculty since 1931, Dr. van Wagenen was honored for her "pre-eminent research in the field of reproductive biology." She is the author of 124 scientific papers in this field and is responsible for the development of Yale's outstanding breeding colony of *Macacas rhesus* monkeys.

Her most recent studies, on the post-coital control of fertility in primates, have been conducted in collaboration with Dr. John McLean Morris, professor of gynecology. She is also working on an atlas of the post-natal development of the ovary in primates, including man.

Dr. William W. L. Glenn, professor of surgery, was honored by the American Heart Association in June with the presentation of a Citation for Distinguished Service to Research. The award recognizes Dr. Glenn's "extremely important contributions to cardiovascular surgery," including the operation to by-pass the right side of the heart in certain cases of congenital heart defect, and the concept that permits heart pacing devices to utilize power sources outside the body.

The citation also noted Dr. Glenn's "dedicated, tireless, and knowledgeable" service to the Association as a board member, vice president, and member of the National Research Committee and the Council on Cardiovascular Surgery.

Recipients of honorary degrees this year included Dr. James D. Hardy, professor of physiology and director of the John B. Pierce Laboratory of Hygiene, who was awarded an honorary Doctor of Science degree from Southwestern University in Texas in June, and Dr. Leon S. Stone, Bronson Professor Emeritus of Comparative Anatomy, who received an honorary doctorate from his alma mater, Lafayette College, in September.

Benedict R. Harris Award

An award honoring Dr. Benedict R. Harris, clinical professor of medicine and public health and former associate physician-in-chief at the Yale-New Haven Hospital, has been established by the first-year residents in medicine. It was announced last spring prior to Dr. Harris's departure for Japan where he is now chief of medicine at the Atomic Bomb Casualty Commission in Hiroshima. The award, signified by a plaque, recognizes Dr. Harris's outstanding leadership in the house staff teaching program. It is to be presented annually, by vote of the residents, to the community physi-

cian who has contributed most to their medical education. The winner of the award for 1967 is New Haven internist Dr. Hyman Chernoff, clinical instructor in medicine.

Professorships Named for Dr. Hiscock and Dr. Paul

Two outstanding emeritus members of the faculty have been honored by newly established professorships in the Department of Epidemiology and Public Health. The Ira Vaughan Hiscock Professorship and the John Rodman Paul Professorship were endowed in June in the allocation of a $2 million bequest from the late Susan Dwight Bliss. A third professorship and a scholarship in the department have been named for the donor.

Dr. Poul ond Dr. Hiscock

Miss Bliss, a resident of New Canaan, Connecticut, had taken an active interest in Yale's program of graduate education in public health for more than 30 years prior to her death in October, 1966.

Dr. Hiscock, who is Anna M. L. Lauder Professor Emeritus of Public Health, retired as chairman of the Department of Public Health in 1960, after serving for 40 years on the faculty. Dr. Paul, professor emeritus of epidemiology and preventive medicine, was a member of the faculty for 33 years. On his retirement in 1961, he was named director of the World Health Organization Reference Serum Bank at Yale, a post he held until last year.

New Administrative Posts

Two newly established administrative posts in the medical school have been filled with the appointments of John F. O'Connor and Louis J. Kaplan.

Mr. O'Connor, assistant dean for administration, has been a lecturer in hospital administration and psychiatry since 1964 and was the first administrator of the Connecticut Mental Health Center. A graduate of Fordham University, he received his M.P.H. degree from Yale in 1959. His previous posts include assistant director of the Genesee Hospital, Rochester, New York, and executive director of the Waterbury (Connecticut) Area Rehabilitation Center. Prior to joining the Yale faculty, he was special assistant to the Connecticut Commissioner of Mental Health.

Mr. Kaplan, assistant to the dean for community and government relations, has been a lecturer in psychiatry and public health since 1965. Formerly executive director of the Connecticut Association for Mental Health, he was appointed to the Connecticut State Mental Health Planning Project as associate director in 1964 and became assistant to the director of the Connecticut Mental Health Center in 1966. He is a graduate of New York University from which he holds a B.S. degree in group work and an M.A. degree in human relations.

The Reverend David C. Duncombe of the Yale Religious Ministry has been appointed the first full-time chaplain to the medical school. A graduate of Dartmouth College and Yale Divinity School, he holds M.A. degrees from Yale and from Union Theological Seminary, Columbia University. In 1966 Yale awarded him the Ph.D. degree in religion in higher education and the psychology of religion. He served his chaplaincy internship last year at Norwich State Hospital, Connecticut. Reverend Duncombe was ordained in 1958 in the United Church of Christ (Congregational). He was chaplain of the Taft School from 1955 to 1960, and taught at the Yale Divinity School while completing his postgraduate studies.

A portroit of Dr. C. N. H. Long, Sterling Professor of Physiology, was presented to the school in June by a group of Dr. Long's friends, colleagues, and former students. The artist is William F. Droper of New York City. Shown congrotulating Dr. Long ot the unveiling ceremony is Dr. Philip K. Bondy (left), C. N. H. Long Professor and chairman of the Deportment of Medicine, who is the first incumbent of the professorship established last year in Dr. Long's honor.

New Faculty Appointments

Recent appointments to the full-time faculty include: Dr. Edward R. Heinz,

associate professor of radiology; Dr. Charles M. Radding, associate professor of medicine; and Dr. Jose A. Zadunaisky, associate professor of ophthalmology.

Dr. J. Roswell Gallagher, who received his M.D. from Yale in 1930 and has served as chief of the Adolescent's Unit at Children's Hospital Medical Center in Boston since 1951, has been appointed a clinical professor of pediatrics effective September first.

Promotions to Professorships

The following members of the medical faculty were promoted to the rank of professor, effective July 1:

Dr. Stuart C. Finch, professor of medicine, has been a member of the faculty since 1953 and is an authority on hematological diseases. He attended Dartmouth College and received his M.D. degree from the University of Rochester School of Medicine in 1944. On leave of absence from 1960 to 1962, he served as chief of medicine with the Atomic Bomb Casualty Commission in Hiroshima, Japan.

Dr. Robert Jay Lifton, Foundation's Fund for Research in Psychiatry Professor of Psychiatry, is a 1948 graduate of New York Medical College and completed his residency training at the State University of New York Downstate Medical Center. Following military service in the Far East, he was at the Walter Reed Army Institute in Washington and then at Harvard. He came to Yale in 1961. Dr. Lifton is widely known for his scholarly work on war prisoners and thought reform in Communist China. His book entitled *Survivors of Hiroshima: Death in Life* is to be published by Random House.

Dr. J. Haskell Milstone, professor of pathology, has been at Yale since 1946 and is noted for his research on blood coagulation. He received his M.D. degree from Johns Hopkins University in 1937. Prior to military service with the Army Medical Corps in the Pacific in World War II, he was an assistant in pathology at New York University and a Commonwealth Fellow at the Rockefeller Institute for Medical Research.

Dr. Alan C. Sartorelli, professor of pharmacology, was awarded his Ph.D. at the University of Wisconsin in 1958. He then joined the Biomedical Division of the Samuel Roberts Noble Foundation in Ardmore, Oklahoma, and was senior research chemist when he left in 1961 to join Yale's Department of Pharmacology.

Dr. Howard M. Spiro, professor of medicine, received his M.D. from Harvard in 1947 and served his internship and residency at the Peter Bent Brigham Hospital. He was a member of the Harvard Medical School faculty prior to coming to Yale in 1955. Dr. Spiro is head of the Section of Gastroenterology.

Dr. Roy Schafer, now clinical professor of psychology in the Department of Psychiatry, received his Ph.D. from Clark University in 1950 and was at the Menninger Foundation and later at the Austin Riggs Center prior to coming to Yale in 1953. In addition to his teaching and research, he is clinical psychologist at the Department of University Health.

Promotions to Associate Professor

The following members of the faculty were promoted to the rank of associate professor, effective July 1:

Raymond S. Duff, M.D., pediatrics; Robert P. Eager, Ph.D., anatomy; Thomas F. Emery, Ph. D., biochemistry; David A. Hilding, M.D., otolaryngology; Fred S. Kantor, M.D., medicine; Melvin Lewis, M.D., pediatrics and psychiatry; Bernard Lytton, M.D., urology; Michael Kashgarian, M.D., pathology; Robert E. Shope, M.D., epidemiology; and Alfred Zettner, M.D., clinical pathology.

Journal Honors Dr. Lippard

The *Yale Journal of Biology and Medicine*, in a special June issue entitled "The Vernon W. Lippard Issue — Essays on The American Medical School," honored the former dean of the medical school who is now Assistant to the President and Fellows of the Yale Corporation for Medical Development. Seven articles by outstanding authorities deal with various aspects of medical education including the student, the faculty, and relationships between the American medical school and the university, the community, the practicing physician, the federal government, and international health.

It is of interest to note that the *Yale Journal of Biology and Medicine* first made its appearance in October of 1928, Dr. Lippard's senior year as a medical student at Yale. In the first issue, two abstracts based on articles published by members of the faculty bear the initials "V.W.L.," a student editor. The same issue announced that Vernon William Lippard was one of five fourth-year students elected to membership in Alpha Omega Alpha.

Among the contributors to the special issue are: Drs. Kenneth Keniston, H. Stanley Bennett, C. Arden Miller, Kerr L. White, Ward Darley, Joseph C. Hinsey, and Anthony M.-M. Payne. Dr. Arthur Ebbert, Jr., was guest editor.

Faculty Notes

Dr. Morton M. Kligerman, professor and chairman of the Department of Radiology, was elected president of the Association of University Radiologists at the organization's 1967 annual meeting at Temple University in May.

Dr. Aaron B. Lerner, professor of dermatology, was elected president of the Society for Investigative Dermatology at the annual meeting of the society held in Atlantic City in June.

Dr. Howard M. Spiro, associate professor of medicine, recently visited hospitals in Israel in connection with his research on amyloid disease in the gastrointestinal tract of patients with familial Mediterranean fever. The latter disorder is particularly prevalent among Jews of sephardic ancestry and is, therefore,

quite common in Israel. Dr. Spiro conducted rounds and lectured at the University of Tel Aviv. He also visited hospitals in Greece as a guest of the Hellenic Society of Gastroenterology and delivered a lecture at the University of Athens on the effect of diabetes on the gastrointestinal tract.

Dana Perinatal Center

An expanded newborn special care unit, the first section of the Eleanor Naylor Dana Perinatal Center to be completed, is now in operation at the Yale-New Haven Medical Center. The new perinatal facility, which occupies a two and one-half story addition above the Memorial Unit cafeteria, will also include a maternal-child clinical research unit to be completed this fall.

Th newborn special care unit was dedicated on May 17 at ceremonies attended by 90 guests including Mrs. Dana, the principal donor for whom the center is named, and her husband, Charles A. Dana. Mr. and Mrs. Dana's previous generous gifts to the medical center, made through the Charles A. Dana Foundation, include the Dana Surgical Pavilion and the Charles A. Dana Clinic Building.

Replacing an 18-bassinet nursery that had functioned as a newborn special care unit since 1962, the new unit contains 37 bassinets. Its four nurseries and three single rooms are equipped with the most advanced facilities available for the care of newborns with unusual medical problems. Each bassinet has its own overhead supply of oxygen, suction and air, and electrical connection needed to maintain individual constant temperature. Temperature and humidity for the entire unit are centrally controlled.

Special radiology facilities in the unit include a magnification tube whereby X-ray films of infants are considerably enlarged to permit better viewing. A television system, which monitors the infants from the time they are admitted to the unit, also provides a visual record of a patient's progress for purposes of comparison.

Dr. Louis Gluck, associate professor of pediatrics and director of the new perinatal center, was responsible for developing the original newborn special care unit at the medical center five years ago. Between 750 and 1,000 infants per year were cared for in the unit and neonatal mortality at the medical center was reduced to less than half of the pre-1962 rate.

Commencement 1967

At Yale commencement exercises on June 12, the doctor of medicine degree was awarded to 73 candidates, the master of public health degree to 40, and the doctor of public health degree to one.

The following students whose work showed unusual merit received the M.D. degree *cum laude*: Arthur Louis Beaudet, Melvin Victor Goldblat, Lawrence Nathan Henry, Richard Lee Heppner, Helen Lida Smits, Robert Stephen Steinberg, Martin David Tilson, III, and Robert Alan Vogel.

Prizes and awards won by members of the graduating class were as follows:

The Borden Undergraduate Research Award in Medicine to a graduating student whose research has been determined by the school to be the most meritorious performed by all similarly eligible persons, originality and thoroughness of research to be of primary consideration: Lawrence Nathan Henry.

The Campbell Prize for the highest rank in the examinations of the course: Melvin Victor Goldblat.

The Miriam Kathleen Dasey Award to that student who by strength of character, personal integrity, and academic achievement gives promise of fulfilling the ideal of the compassionate physician: James Michael Dowaliby, II.

The Keese Prize to the student who presents the best thesis: Robert Stephen Steinberg.

The Parker Prize to the student who has shown the best qualifications for a successful practitioner: David Lane Ingram.

The Alfred A. Richman Essay Contest, sponsored by the American College of Chest Physicians for senior medical students in the United States: first prize, Victor Mellet Haughton, III; third prize, Helen Lida Smits.

The National Foundation Merit Award to a student for the best thesis on a subject relating to birth defects: James Victor Miller, Jr.

Other prizes awarded to students at the commencement exercises this year were:

The Ramsey Memorial Scholarship Prize to a student of unquestioned ability and character after completing his first year in clinical medicine: Frank Edward Lucente.

The M.C. Winternitz Prize in Pathology to the second-year student who, in the opinion of the staff of the Department of Pathology, has done outstanding work in the course: Robert Lawrence Marier and N. Burgess Record.

The Perkins Scholarship Prize to the student making the best record in scholarship in the basic subjects of the medical and biological sciences: Joseph Francis Andrews, class of '68.

The Francis Gilman Blake Award

The 1967 Francis Gilman Blake Award was presented to Dr. Nathan G. Kase, associate professor of obstetrics and gynecology. This annual award, sponsored by the Beta Zeta chapter of Nu Sigma Nu, is given to that member of the faculty designated by the senior class to be the most outstanding teacher of the medical sciences.

The John F. Fulton Award

Seth D. Charney of the class of 1969 received the John F. Fulton Award in the History of Medicine for his paper on Vilhelm Magnus (1871-1929), a Norwegian physician who discovered the importance of the corpus luteum in the maintenance of

pregnancy. This award was established in 1966 by a group of Dr. Fulton's former students and alumni of the Nathan Smith Club to be given annually to the student who submits the best manuscript of a talk presented before the Nathan Smith Club, an organization of Yale medical students interested in medical history.

Accolade for YALE MEDICINE

Your new alumni bulletin has capped its first year of publication by winning one of the country's top awards for alumni magazines. A scroll presented at the annual conference of the American Alumni Council in San Francisco in July reads:

"In recognition of all-around editorial excellence and high professional standards, this citation is presented to *Yale Medicine* as one of the Top Ten Alumni Magazines of the Year in the American Alumni Council Annual Publications Competition."

Selection of the top ten, which also included *Yale Alumni Magazine*, was made by a jury composed of representatives of *The Atlantic*, *Look*, *Newsweek*, *Time*, and *The Chronicle of Higher Education*. Yale shared honors with only one other institution, the University of California, in having two alumni magazines cited. *Yale Medicine*, however, was the only medical school publication among the top ten.

New Books

YALE MEN AND LANDMARKS OF OLD CONNECTICUT by Dr. Herbert Thoms, professor emeritus of obstetrics and gynecology. (Yale University Press.) This book, which the author describes as "my crowning achievement for old Yale," is Dr. Thom's fifth work relating to early Yale graduates. Included in the text is a brief history of Yale College and short biographies of the graduates of the years 1701 to 1815. The latter are arranged according to town and county with which each is identified. The book contains 255 illustrations of early houses and grave markers, as well as biographies of the founders of Yale College. It should have wide interest both in Yale circles and for groups interested in identifying early Connecticut houses of historic significance.

In a forward to the book, Reuben A. Holden, Secretary of Yale University, writes, "The content and artistry of its presentation reflect the historian and artist that are so gracefully combined in the author."

CLINICAL JUDGMENT by Dr. Alvan R. Feinstein, associate professor of medicine and epidemiology. (The Williams & Wilkins Co.) In late 1964, practicing physicians and clinicians in academic medicine were excited by a series of four articles, "Scientific Methodology in Clinical Medicine," that appeared in the *Annals of Internal Medicine*. Dr. Feinstein has revised and expanded these articles for book publication and added many new topics from the historical development of diagnostic nomenclature to the clinical use of computers.

The book proposes that clinical treatment be designed and evaluated by intellectual procedures analogous to those used in any scientific experiment. Aiming at the scientific improvement of clinical "art" in diagnosis, prognosis, and therapy, Dr. Feinstein suggests changes in the methods used by clinicians both at the bedside and in research. These include new techniques for classifying clinical data (among them Boolean algebra and the "new mathematics"), and improvements in traditional approaches to the clinical examinations which provide the data.

COMPARABILITY IN INTERNATIONAL EPIDEMIOLOGY edited by Dr. Roy M. Acheson, professor of epidemiology and medicine. (Milbank Memorial Fund.) Selected papers from the Fourth Scientific Conference of the International Epidemiological Association, by writers from 11 countries, make up this volume. The conference concentrated on studies comparing the occurrences of specific disease conditions in various countries in relation to changing diet, work, atmospheric contamination, stress, and other conditions of life. The role of epidemiological research in the control of the ancient pestilences and the provision and appraisal of health services is also discussed.

Dr. Crelin to Edit Gray's Anatomy

Dr. Edmund S. Crelin, associate professor of anatomy, has been selected by the publishing firm of Lea and Febiger to be the next editor of "Gray's Anatomy." He will succeed Dr. Charles M. Goss (Yale M.D. '21) who has edited the classic anatomy treatise since 1948.

Dr. Crelin will be the book's eighth editor since the first American edition appeared in 1859. Since that time, 28 editions have been published in this country. Dr. Goss and Dr. Crelin will be co-editors of the twenty-ninth edition, to be published within the next five years, and Dr. Crelin will then become sole editor for the thirtieth edition.

Miriam K. Dasey

Miriam K. Dasey, who died July 12, 1967, in Boston at the age of 82, held a special place in the hearts of all those alumni, faculty, and staff who knew her. When she retired in 1950 as registrar of the medical school she received a citation "in recognition of over 29 years of devoted and distinguished service" to the Yale School of Medicine. That same year the alumni and faculty honored her by establishing the Miriam Kathleen Dasey Award to be presented annually to that student who by strength of character, personal integrity, and academic achievement gives promise of fulfilling the ideal of the compassionate physician.

After her retirement she lived first in Brookline and later in Cambridge, Massachsetts, where her energy and

interests found expression in volunteer work for the Red Cross and enthusiastic devotion to the arts, especially music. Her deep interest in the medical school continued through extensive correspondence and personal visits with alumni and friends. On several occasions she was the guest of honor at parties given by groups of alumni.

At the 1951 annual meeting of the Association of Yale Alumni in Medicine, Miss Dasey was elected the first honorary member of the organization: " a fitting tribute," the *Alumni Bulletin* reported, " to a loyal and beloved lady . . . a devoted and distinguished friend of Yale, ever generous with her much sought after advice and wisdom."

Professor McCrea

John Falding McCrea, Ph.D.

John F. McCrea, associate professor of microbiology, died on September 4 at the Yale-New Haven Hospital after a long illness; he was 46. A native of Australia, he received his bachelor's and master's degrees in agricultural science in Melbourne and from 1942 to 1945 served as a research officer for the Council for Scientific and Industrial Research. He worked at the Walter and Eliza Hall Institute in Melbourne with Sir Macfarlane Burnet from 1945 to 1948 and was among the first persons to graduate with the Ph.D. from Melbourne University. His work at that time was on receptor-destroying enzymes and on virus-inhibitory mucoproteins. From 1948 to 1951, he was an Australian National University Scholar with Professor W. T. J. Morgan at the Lister Institute of Preventive Medicine in London, where he worked on the biochemistry of virus-inhibitory mucoproteins from saliva and human erythrocytes. In 1951 he came to the Department of Microbiology at Yale; he considered it his greatest privilege to have worked in those days with the late Professor Francisco Duran-Reynals on hyaluronic acid, virus inhibitors, and tumor viruses.

In 1956, Professor McCrea was made assistant professor of biophysics and resident director of the Yale Biophysics Laboratories in Valhalla, New York, where he studied the effect of irradiation on pox and influenza viruses. In 1958 he returned to New Haven and studied the slow electron and heavy ion inactivation of viruses. The following year he was made associate professor of biophysics and worked on the extraction and biochemistry of poxvirus nucleic acids, density-gradient centrifugation, and the electron-microscopy of chemically-treated virus.

In 1963 he became associate professor in the Department of Microbiology where he remained until his death. He was a guest professor in Professor S. Rubbo's Microbiology School at Melbourne University, Australia, from August to December, 1966. During the last years of his life, Professor McCrea's research was concerned with antiviral mechanisms of substituted pyrimidines, electron microscopy of viral nucleic acids, and the biochemistry of viral nucleic acids and proteins. His last paper written in collaboration with Muriel B. Lipman on the "Strand-length measurements of normal and IUdR-treated vaccinia virus DNA released by the Kleinschmidt method" will appear in the October 1967 issue of the *Journal of Virology*. In collaboration with Professor William H. Prusoff, he demonstrated that idoxuridine (IUdR) was incorporated into the nucleic acid of vaccinia virus.

Professor McCrea was a member of the Biochemical Society (London), the New York Academy of Sciences, and the American Society for Microbiology. In addition to his research, he supervised medical and graduate students in virology and lectured on virology to medical students. He is survived by his wife, Dr. Mary Godenne McCrea, research associate in medicine at Yale, and by four children: Andrew, Pierre, Claire and John Patrick.

Alumni News

1912

ROBERT F. SCHOLL of New Haven writes: "Fifty-fifth reunion for 1912M was enjoyed by Mrs. Scholl and myself. Only one of the remaining eight members of the class came with us to the dinner at Mory's — Dr. WILLIAM H. J. O'BRIEN."

1922

GEORGE T. PACK, attending surgeon emeritus at Memorial Hospital for Cancer and Allied Diseases in New York City, gave the annual Edelstein Oration before the South African Medical Society and served as visiting lecturer in surgery at the four medical schools in Pretoria, Durban, Cape Town and the University of Witwatersrand in Johannesburg during the last two weeks of July.

1927

HAROLD A. FLYNN reports: "The class of 1927M had a very pleasant reunion. About twenty members gathered at the home of Dr. Harold Flynn for cocktails and then about fifteen attended a very pleasant dinner at the Park Plaza Hotel. Among those attending were GEORGE L. DANIELS, HENRY FINEBERG, MEYER FRIEDENSON, HERMAN GOLDSTEIN, WILLIAM MEREDITH, FRANK MONGILLO, WILLIAM PETRUZZI, MOSES ROTHBERG, JAMES VAN LEUVAN, JOSEPH VIDETTI, and GEORGE ZINN." It was reported that Dr. Zinn from Detroit came the longest distance.

1926

JOHN B. GRIGGS of Collinsville, Connecticut wrote: "In late March had lunch with DAN MORTON of class of '27 in Los Angeles. Still doing a small rural practice of pediatrics."

1930

KNOX H. FINLEY, as director of the Institute of Neurological Sciences at Presbyterian Medical Center in San Francisco, is participating in two projects supported by the U. S. Office of Education. One involves working with the Fresno City Schools to develop a screening protocol to detect potential reading difficulties in kindergarten. The other is a study of learning difficulties as sequelae of viral encephalitis.

1932

MYRON E. WEGMAN, dean of the School of Public Health at the University of Michigan, was reelected chairman of the Executive Board of the American Public Health Association in November 1966.

THOMAS V. HYNES of Wilmington, Delaware sent the following note: "Sired 9 children. One Ph. D. (Physics), one priest, one in Government Service, one podiatrist, one nun, one nurse, one social worker, 2 still in school. That's how to beat income tax!"

1935

DANA H. HOWE of Long Beach, California traveled in Egypt, Jordan, Syria and Lebanon for three weeks last February and March. He spoke at the American University in Bierut on radioactive scanning of brain and liver.

SAMUEL D. KUSHLAN has been appointed chief of medicine at the Yale-New Haven Hospital and has been promoted to clinical professor of medicine. He will have responsibility for supervision of professional services and staff in the private divisions of the hospital's medical service in the Memorial Unit. Dr. Kushlan is a diplomate of the American Board of Internal Medicine and Gastroenterology and is a member of the American Gastroenterological Association and the Society of Gastrointestinal Endroscopy. As associciate chief of medicine, he succeeds BENEDICT HARRIS ('22) who is now serving as chief of medicine at the Atomic Bomb Casualty Commission in Hiroshima, Japan.

MAX MILLER has been appointed senior consultant in diabetes to the National Institute of Arthritis and Metabolic Diseases and a member of the advisory committee in diabetes to the NIAMD.

1936

LOUISE G. HUTCHINS is now in Hong Kong where her husband, Francis Hutchins, who was president of Berea College in Berea, Kentucky from 1939 until his retirement in June 1967, is now the representative of Yale-in-China at New Asia College. Dr. Hutchins is no stranger to the Far East. Born in Changsha, she returned to China for internship at Hunan-Yale Hospital in 1936 and cared for refugee children during the war years of 1936 to 1939. In Kentucky Dr. Hutchins was active in various health organizations and was president of the Mountain Maternal Health League. In 1964 she received the Lane Bryant Annual Award for Distinguished Volunteer Service. An article by Dr. Hutchins entitled "Three Decades of Family Planning in Appalachia" appeared in the spring issue of the *Hartwick Review*. She was honored by Berea College this past June when she received an honorary Doctor of Science degree.

1937

A note from the class secretary:
Thirty years have passed by swiftly but the class of 1937 had little difficulty in restoring, through memory processes, the good old days of Oak Street as we knew it. The small dormitories did not compare with the new ones and although fun was condensed in small quarters and Prohibition was still in vogue, I am sure we were happier than the hard pressed students of today.

Of our forty-four graduates, four have passed away and we pay respect to ROBERT N. CREADICK, GEORGE J. EPSTEIN, HOWARD ROLAND IVES and PHILIP S. OWEN.

The following members attended the Reunion and contributed to one of the largest turn-outs for an Alumni Reunion Day to date. Members returning were LEWIS BRONSON, CLAIRE B. CRAMPTON, GUIDO DE BLASIO, JEAN WELLS HOLLINSHEAD, BILL JOHNSTON, AL KING, MORGAN SARGENT, LEV WATERS, LUCILLE FARQUHAR WIEPERT, and WILLIAM WIEPERT.

In addition, the following wives, Mrs. Crampton, Mrs. Johnston, Mrs. King, Mrs. Sargent and Mrs. Waters also attended the reunion.

The resume of the activities and doings of the Yale Medical School as presented by alumni president, Dr. Pickett, were enjoyed by all, particularly the lively delivery with which our president, Dr. Pickett, is so ably endowed. The new medical curriculum at Yale is indeed challenging and worthy of trial.

The social hour was truly a happy one and many acquaintances were renewed among the members of our class, the faculty members as well as members of other classes returning for the Reunion activities.

In the evening, a class dinner was held at the New Haven Country Club with further opportunity for renewing old friendships. Those of us who attended truly missed our absent members and hopefully we look forward to our Thirty-Fifth Reunion five years from now in 1972 and another opportunity to be together.

Please provide any pertinent information concerning any of the members of our Class to the undersigned.

WILBUR D. JOHNSTON

1938

N. WILLIAM WAWRO of Hartford joined the project HOPE's teaching-treatment mission in Cartagena, Colombia in June and worked for two months as a volunteer aboard the floating medical center, S. S. HOPE. He wrote that he was sorry to miss the annual Alumni Day at Yale.

1939

ROBERT G. ERNST is currently chief of medical services at the Springfield Hospital. He reports that his Springfield Medical Group now comprises seven internists. "The first of its kind in this area. All very busy in practice."

ART TUCKER made a trip to Basel, Switzerland in April and presented a paper to the European Society of Pediatric Radiology. After the meeting he and his wife paid a visit to Lund, Sweden to visit CARL SEIPEL who took his first year of medical school at Yale in 1935-36 with the class of '39. He then had an intermission in Sweden, but returned to Yale in 1937-38 to finish his preclinical courses. Both Carl and his wife Brigit, are graduates in dentistry. Since their New Haven days they have been teaching in dental schools in Sweden, particularly at the school in Malmo where Carl has been the dean.

1940

THADDEUS S. DANOWSKI's latest book entitled *Outline of Endocrine Gland Syndromes* has been published by The Williams & Wilkens Company.

K. ALVIN MERENDINO received an honorary Doctor of Laws degree from Ohio University in Athens, Ohio in May. Dr. Merendino has been chairman of the Department of Surgery at the University of Washington School of Medicine in Seattle since 1964.

FRANCIS X. SOMMER was welcomed back to Barbourville, Kentucky in June after a forty day around-the-world flight in his single engine Beechcraft Bonanza aircraft. He was accompanied on the flight by Dr. John Rieger of Los Gatos, California. On the 18,000 mile trip the two flying surgeons visited Paris, Nice, Rome, Athens, Istanbul, Teheran, Bangkok, Hong Kong, Tokyo, and Point Barrow, Alaska. They had started from New York on May 20 and marked the fortieth anniversary of Lindbergh's historic solo flight across the Atlantic by retracing his path from New York to Paris.

During the trip, they established three international speed records for their class of plane. These include the New York to Paris flight of twenty hours, the Tokyo to Point Barrow flight, 3300 miles in $26\frac{1}{2}$ hours, and the final Point Barrow to New York leg.

Dr. Sommer was quoted in *The Times of India* of June 11 "I am just another ordinary American tourist." However, this tourist is his own pilot, mechanic, weather man, and navigator. "I am not a dare-devil. If I were I would have been a bullfighter. To me flying is a normal and perfectly safe method of travel." Both Dr. Sommer and his companion are members of the Flying Physicians Association.

HELEN H. WOODS was featured some months ago in a *Corpus Christi Caller-Times* article about women doctors whose husbands are also doctors. She said "I think medicine is a tremendous field for women and I am always glad to talk about it." Her husband Dick is a surgeon. She has been practicing full-time since 1954. This year she was appointed chief of pediatrics at Driscoll Foundation Childrens Hospital in Corpus Christi, Texas, where she and her family live.

1941

JANET HOOD VAN ORDEN has been appointed director of the Student Health Service at the State University of New York in Albany. She expected to attend the 5th International Congress on Student Health in Prague, Czeckoslovakia in July.

1943 (MARCH)

CHARLES V. E. DOWLING, who is in private practice in Memphis specializing in cardiology, is an associate professor in the Department of Medicine at the University of Tennessee Medical Units.

HENRY E. MARKLEY was appointed director of the Department of Medicine at the Greenwich (Connecticut) Hospital in January 1967.

JOHN J. WEBER is president of the Association for Psychoanalytic Medicine. He is an associate clinical professor of psychiatry at Columbia University College of Physicians and Surgeons.

ROBERT A. SEARS is chief of neurosurgery at Emory University School of Medicine in Atlanta.

MORRIS A. WESSEL has been appointed to the faculty of the Smith College School for Social Work at Northampton, Massachusetts. He will teach a course on medical information for social workers.

1943 (DECEMBER)

B. ALLEN RICHARDSON was installed as president of the Hawaii Medical Association on May 20 in a ceremony officiated by AMA president Charles L. Hudson.

1946

DONALD P. SHEDD is now chief of the Head and Neck Service at Roswell Park Memorial Institute in Buffalo, New York.

ROBERT R. WAGNER has been appointed chairman of the Department of Microbiology at the University of Virginia School of Medicine in Charlottesville. He was previously professor of microbiology at the Johns Hopkins School of Medicine and during the first six months of 1967 was on sabbatical leave at Oxford University in England.

THOMAS J. WHELAN is now chief of surgery at Tripler General Hospital in Honolulu, Hawaii.

1947

The class secretary is pleased to

report an excellent turnout of the members of the class of 1947 for their twentieth reunion.

WILLIAM MANIATIS was in charge locally, and he accomplished his task with great finesse. He worked quite diligently and the results demonstrated this.

The group enjoyed the alumni luncheon at Harkness Hall and in the evening, cocktails and dinner at the new Park Plaza Hotel. The latter is New Haven's newest and is quite luxurious. It was at this cocktail party that most of the members milled around and soon became acquainted with the progress of the various members of the class over the past two decades. It was very exciting to see everyone and though some might disagree, few notable changes were evident. After dinner an award was announced in recognition of our most productive member and MIKE BARRY won this hands down. He has 13 children. VICTOR MACHINSKI was awarded the prize indicating the greatest strides toward complete alopecia. Dr. and Mrs. DICK CARLIN from St. Louis, Missouri, covered the most miles to be with us, and BETTY PRICE CARLIN looked younger and prettier than ever. After leaving the Park Plaza, a large number of the group groped their way to the "Baron's" Hideaway where the celebration rolled on. While there, calls were placed to OWEN DOYLE, JACK CARPENTER, GEORGE BARNES, FRANK GOLBRANSON and LOU YOUNG. All but the last two were reached, informed of our disappointment at their absence and all agreed to be back for the 25th.

Everybody seemed pleased to have made it. It was a thrill to see many old friends with whom many mildly traumatic months were spent over 20 years ago, particularly to see them appearing so happy and well.

The 25th should be better and all present vowed to make it, some urging more frequent gatherings of this distinguished class.

PHILIP H. PHILBIN

ARTHUR H. CHAPMAN is the author of *Textbook of Clinical Psychiatry, An Interpersonal Approach* published this year by the J. B. Lippincott Company of Philadelphia. The book is a comprehensive textbook intended for medical students, practicing physicians, and workers in allied medical fields. Dr. Chapman's book *Management of Emotional Disorders* (1962) has been published in a Spanish edition under the title *Transtornos Psiquiatricos En La Practica Medica* by Editorial Espacs, of Barcelona for distribution to Spanish and Portugese speaking countries.

1948

B. HEROLD GRIFFITH is chairman-elect of the Plastic Surgery Research Council. He is also a fellow of the Chicago Institute of Medicine and serves on the Medical Advisory Committee of the National Paraplegia Foundation.

Colonel ARTHUR TERRILL is now stationed at the William Beaumont General Hospital in El Paso, Texas.

1949

DE WITT C. BALDWIN, JR., is an assistant professor of pediatrics at Harvard Medical School and is currently head of the Department of Behavioral Sciences at the Forsyth Institute for Advanced Study and Research in Dentistry.

N. JOEL EHRENKRANZ has been promoted to the rank of professor in the Department of Medicine at the University of Miami School of Medicine. He also serves as acting head of preventive medicine.

WILLIAM H. SEWELL's monograph *Surgery for Acquired Coronary Disease* was published this past spring by Charles C Thomas of Springfield, Illinois.

1951

JOHN T. GROEL has been appointed clinical research director of E. R. Squibb & Sons.

ROBERT N. HAMBURGER became professor of pediatrics at the University of California in San Diego in May.

An oil painting by JAMES A. RILEY won the "Best in Show" award at the 1967 Connecticut Physician's Art Exhibit.

1952

A report from the class secretary:

LOU and Camille MATTIE arranged a memorable evening at the "Top of the Park" to culminate an outstanding day of activities at the Medical School on June 10th. The class's fine record of participation in the Yale Medical School Alumni Fund was recognized. It was agreed to continue the publication of "Sterling Characters' 52" with its present editor. Twenty-one members and wives greatly enjoyed what has become a traditional "must" at our class reunions, a presentation by MO BOGDONOFF on "The Finality of Insecurity." This fifteenth year effort by Mo was a priceless gem; of which no written record was made.

On Saturday afternoon, Dean Lippard and an interesting panel of staff members presented a provocative discussion of "The New Medical Curriculum at Yale." Our class, with its many medical school "Profs.", asked the majority of the questions. It was obvious that many changes will be made after more thought and study has been given to their value and to the results to be realized. It was encouraging to hear the Dean-select, Dr. Redlich, announce a closer alliance between sociology and psychology with the medical school curriculum. We were all pleased to know that the course "History of Medicine" will be a part of the required curriculum. The YALE SYSTEM will remain and it will prepare its graduates for the care of people who are ill.

Many traveled great distances to be at this fifteenth year reunion. From Miami, Florida, were BOB and Cicely ZEPPA; JOHN and Gloria WOLFF traveled from Xenia, Ohio; while up from Portland, Maine came MAURY and Ann VAN LONKHUYZEN; ART and Katie HUSTED made the trip from Potomac, Maryland; KEN BARTELS journeyed in from Hendersonville, N.C.; SIGGIE and BILL CENTERWALL made the trip from Ann Arbor; Pennsylvania had a good representation with BILL and Jean KLATCHKO from Lebanon, JOCELYN MALKIN from Wynnewood, and the JACK ROBERTS from Philadelphia. From N.Y.C. were the BOB WINTERS; DORIS WETHERS and husband, Dr. Booker, and reunion photographer JACK ROYCE; the State of Connecticut was repre-

sented by the CHARLIE CHACEs, FRANK and Barbara COUGHLIN, the RAY DUFFs, BOB GERETYs and the planners of the exciting evening, LOU and Camille MATTIE. A telegram from Steamboat Springs, Colorado, dated June 9, 1967 is self explanatory . . . "REGARDS TO THIS SPECIAL CLASS OF CLOWNS, SO SORRY NOT TO BE WITH YOU TODAY. AM CAMPING ALONG WITH SOME OTHER INDIANS IN COLORADO. PHILIP G. DEAN." HARVEY and Hilda YOUNG made the trip from Spokane, Washington with regards from the many "northwestern Sterling Characters."

MARVIN H. GOLDBERG reports that he has moved to the San Diego area where he is now chief of pediatrics at the Southern California Permanente Medical Group and Kaiser Foundation Hospital.

1953

JACK DURELL, who has been chief of the Section of Psychiatry at the National Institute of Mental Health since 1963, has been named clinical director of The Psychiatric Institute of Washington, D. C., which opened in June. Dr. Durell is associate editor of the *Journal of Psychiatric Research.*

BERT K. KUSSEROW has been promoted to the rank of professor in the Department of Pathology at the University of Vermont College of Medicine.

1954

EVA HENRIKSEN MACLEAN writes from Los Angeles that a daughter, Elizabeth Margrethe, was born October 5, 1966.

HARRY C. MILLER of Rochester, New York has been reelected secretary of the Medical Society of Monroe County.

ROBERT L. STEIN is now chief of radiology at Madigan General Hospital in Tacoma, Washington. The Steins have two daughters age 2½ years and 15 months.

1955

DOUGLAS G. BOYDEN has completed his residency training in ophthalmology and is now stationed at the U. S. Naval Academy in Annapolis.

ROBERT G. CROUNSE is professor and director of dermatologic research at the Medical College of Georgia. He was formerly associate professor of dermatology at Johns Hopkins.

ROBERT A. KRAMER is now assistant professor of pediatrics at the Johns Hopkins School of Medicine.

GLORIA C. ONQUE has recently been appointed to the faculty of the University of Pittsburgh School of Medicine in psychiatry.

1956

JACOB MAINZER has left Lavonia, Michigan after practicing anesthesiology there for over five years and is now practicing in Santa Fe, New Mexico.

WILLIAM M. O'BRIEN has been appointed associate professor of preventive medicine and associate professor of internal medicine at the University of Virginia School of Medicine in Charlottesville.

1957

HAROLD J. FALLON has been promoted to associate professor of medicine and biochemistry at the University of North Carolina School of Medicine in Chapel Hill. His major research interests are in liver disease and lipid metabolism.

WILLARD A. KREHL has been named coordinator for the Iowa Regional Medical Program, established under the federal heart disease, cancer, and stroke legislation. Dr. Krehl, who is research professor of internal medicine at the University of Iowa, is editor-in-chief of the *American Journal of Clinical Nutrition.*

DAVID E. MARTIN is chief of staff at St. Elizabeth's Hospital in Wabasha, Minnesota. He is a fellow of the American College of Surgeons and last year served as president of the Wabasha County Medical Society.

THOMAS F. O'BRIEN, JR., was promoted to associate professor of medicine at the Bowman Gray School of Medicine in Winston-Salem, North Carolina. He is a gastroenterologist.

JESSE RUBIN is now director of

Members of the class of 1957 and their wives celebrated the 10th-year class reunion an Alumni Day in June. Abave, left to right: Edward Eyerman, Howard Minners, Mrs. Gearge Nelsan, George Nelson, Richard Kahler, and Warren Johnson. Belaw: William Kissick with Mrs. Kissick (left) and Mrs. Richard Kahler.

outpatient services at The Psychiatric Institute in Washington, D. C. He is an associate clinical professor of psychiatry at the George Washington University School of Medicine and was chief of psychiatric outpatient services at the University Hospital before joining the Institute staff.

HERBERT WINSTON is now in charge of residency training in psychiatry at the Howard University College of Medicine in Washington, D. C.

1958

PETER A. BENSON, who is a clinical instructor in pathology at Stanford University, served as pathologist on the S. S. HOPE in Cartagena, Colombia from August to October 1967.

HASKINS KASHIMA joined the staff of the Department of Otolaryngology at Georgetown University School of Medicine in Washington, D. C. on July 1. The Kashimas live in Bethesda, Maryland.

PAUL RUDNICK reports that a third daughter, Amy Jennifer, was born November 23, 1966.

EDWARD SOCOLOW, now an associate in medicine at Harvard Medical School, is engaged in thyroid research at the Thorndike Memorial Laboratory.

1959

In a recent letter to ASA BARNES, DAVID KINGSBURY wrote that he was on the staff of the St. Jude Childrens Research Hospital in Memphis, Tennessee and is an associate professor of microbiology at the University of Tennessee. He is doing research on the replication of some RNA viruses.

1960

A. GRISWOLD BEVIN, an instructor in surgery at Yale, is on leave of absence during the current year to complete his plastic surgery residency training at the North Carolina Memorial Hospital in Chapel Hill.

EUGENE C. GAENSLEN has been appointed chief of the Cuban Refugee Medical Program and also chief of the Draft Rejectee Referral Program for the U. S. Public Health Service.

ALLAN W. NEWCOMB has moved to Morristown, New Jersey to begin a new practice in radiology at the Morristown Hospital.

JOHN J. SCHROGIE has completed a two-year fellowship in pharmacology at Johns Hopkins and in July joined the Bureau of Medicine of the Food and Drug Administration in Washington. His area of special interest is the effect of oral contraceptives on blood coagulation.

1961

ALBERT A. BECHTOLDT, JR., returned from Vietnam this summer and is now stationed at the U. S. Army Hospital at Fort Jackson, South Carolina.

1962

NORMAN H. BASS described his neuropathological studies in an address before the American Academy of Neurology in San Francisco in April and was selected the winner of the S. Weir Mitchell Award, an honor accorded junior members of the Academy. His studies on brain tissue following hypoxia were done as a research fellow at the McLean Hospital and Harvard Medical School. In July he began his new appointment as assistant professor of neurology at the University of Virginia School of Medicine.

OLIVER T. DANN is now a staff psychiatrist in the Department of University Health at Yale and a clinical instructor in the Department of Psychiatry.

DAVID J. MCCONNELL is currently chief medical resident at Columbia Presbyterian Medical Center in New York City.

SHERWOOD WALDRON, JR., who is practicing in New York City, was married to Ellen Walter in Albany, New York in November 1966.

1963

DAVID H. FRAM is currently a resident in psychiatry at the Massachusetts Mental Health Center in Boston and writes that he expects to be going to the National Institute of Mental Health in Bethesda in 1968.

DAVID M. HOLDEN wrote in June to say that he would be working in Manila for at least two years as regional evaluations officer for the Far East for the National Communicable Disease Center's Malaria Eradication Program.

1964

PETER A. GROSS expects to be in Los Angeles for another year with the U. S. Public Health Service tracking down unusual infectious diseases.

DAVID JOHNSON is a fellow in dermatology at the Massachusetts General Hospital. The Johnson's daughter Lisa was born last December.

1965

PHILIP W. ASKENASE completed his assistant residency on the Harvard Medical Unit at Boston City Hospital in July and is now a clinical associate in the Arthritis Section at the National Institute for Arthritis and Metabolic Diseases.

CARL E. HUNT writes that their second child, Martha Elizabeth, was born February 22, 1967.

MOHANDAS M. KINI plans to begin his residency in ophthalmology at the Massachusetts Eye and Ear Infirmary in January 1968 following a four-month basic science course at Harvard. The Kini's daughter, Larissa Ann, was born October 8, 1966 at the Yale-New Haven Hospital.

1966

JARED M. EMERY began his residency in ophthalmology at the Johns Hopkins Hospital in July.

ROBERT N. FRANK is now a postdoctoral fellow in ophthalmology at the Wilmer Institute of Johns Hopkins Hospital and will begin his residency in ophthalmology in 1968.

HOUSE STAFF

1917

ARTHUR B. DAYTON of New Haven received the 1967 Gaylord Gold Medal Award this past spring for his devoted efforts to the Gaylord Hospital in Wallingford, Connecticut.

1925

J. MURRAY KINSMAN has returned to private practice of internal medicine after having served for fourteen years as dean of the University of Louisville Medical School.

1932

HARRY H. GORDON became dean of the Albert Einstein College of Medicine in New York City on July

first. He is also professor of pediatrics and has served as associate dean of the school.

1940
JOSEPH F. SADUSK, JR. is now vice president for medical affairs with Parke, Davis and Company in Detroit, Michigan.

1941
KARL POPPE of Portland is serving as president of the Oregon Tuberculosis and Health Association this year.

1946
JOHN P. MCGOVERN has been named president-elect of the American College of Allergists. He is clinical professor of allergy at the University of Texas School of Biomedical Sciences, clinical associate professor of pediatrics and microbiology at Baylor University College of Medicine, and director of the McGovern Allergy Clinic in Houston. His latest book *Allergy and Human Emotions* was published in June by Charles C Thomas.

1952
MELVIN S. HELLER is currently clinical professor of psychiatry and director, Division of Forensic Psychiatry at Temple University Medical Center.

1953
ROBERT D. WILEY has been reelected president of the Laconia Clinic, Inc., in Laconia, New Hampshire for a second term.

1958
RICHARD J. SCHAIN began his new appointment as associate professor of pediatrics and medicine (neurology) at UCLA School of Medicine in Los Angeles in July.

1961
CHASE N. PETERSON has recently been appointed dean of admissions and financial aids at Harvard College.

1964
PETER HUTCHIN has been promoted to assistant professor of surgery at the University of North Carolina School of Medicine.

1966
NESSAN MCCANN has joined the staff of the Rehabilitation Center in Louisville, Kentucky as associate medical director. He is also an associate at the University of Kentucky.

PUBLIC HEALTH

1936
M. ALLEN POND attended the 20th World Health Assembly in Geneva, Switzerland in May as an advisor to the United States Delegation. Since January 1967 he has been Assistant Surgeon General for Special Projects in the Public Health Service.

1937
LIDIE DYER has been promoted to editor (printed media) for the Wilford Hall USAF Hospital, Lackland Air Force Base, Texas. She is responsible for editing all papers to be presented at professional meetings and for publication in professional journals by Air Force medical and dental officers assigned to the Wilford Hall USAF Hospital.

1943
ERIC W. MOOD has been elected chairman of the Board of Trustees, Upsala College, East Orange, New Jersey. Upsala College is a liberal arts college with an enrollment of about 2,000 full time students. Mr. Mood has also been named a member of the Expert Advisory Panel, World Health Organization.

1944
DAVID B. WILSON, director of the University Hospital, Jackson, Mississippi, was elected president of the American Hospital Association at the organization's 69th annual meeting in August. A graduate of the University of Mississippi, Dr. Wilson received his M.D. degree at Emory University before coming to Yale for his M. P. H. degree. He has been associated with the University of Mississippi Medical Center since 1951 after spending 11 years with the U.S. Public Health Service where his duties included two years as chief of the program planning section for the Hill-Burton Hospital Construction Program.

Dr. Wilson was chairman of the American Hospital Association Council on Government Relations in 1965 when the Medicare bill was moving through Congress and in that chairmanship appeared numerous times before Congressional committees and federal agency hearings.


Dr. Wilson

1945
LOIS M. JUND was appointed deputy chief of the Arctic Health Program in the U. S. Public Health Service Bureau of Disease Prevention and Environmental Control in April of this year and received the Department of Health, Education and Welfare Superior Service Honor Award in June.

1948
DOROTHY F. SCHOBER has been promoted to the position of assistant director, Department of Councils and International Program, American Heart Association, New York City.

1950
EUGENE K. HARRIS has been named chief, Laboratory of Applied Studies, Division of Computer Research and Technology, National Institutes of Health, Bethesda, Maryland.

1951
ADELAIDE E. MORRIS is the chief hospital administrator of the National Public Health Service, Republic of Liberia. She was recently in the United States on an Agency for International Development fellowship to participate in the Inter-

national Continuing Education Course in Public Health and Hospital Administration at Columbia University. Upon her return to Monrovia, Liberia, she took charge of a new 300 bed teaching hospital, the John F. Kennedy Memorial Hospital.
BRIGITTA LILJEKRANTZ OLOFSON is on the staff of the Goteborg and Bohus County Council working in the Public Health Department. Here she is engaged in the administration of public health nursing, maternal and child care, midwifery and medical care programs. Her husband is also on the staff of the County Council.

1952

NICOLE F. EXCHAQUET is in charge of a research program in nursing in Switzerland evaluating causes contributing to a lack of nursing personnel. This is a national research project which was initiated by the Swiss Association of Graduate Nurses and co-sponsored by the Association, the Government of Switzerland, and the Swiss Red Cross. Prior to beginning this study she was the nursing consultant for the Public Health Service of Canton de Vaud. She is the president of the Swiss Association of Graduate Nurses.
HELEN KARDYS LORIA resides in Weirton, West Virginia with her husband Edward A. Loria and her family of three daughters. Mr. Loria is a research metalorogist and has been cited several times for his scientific discoveries of steel processing.
SADA MIURA NAGANO is chief of the Nursing Section, Ministry of Health and Welfare of Japan and is located in Tokyo. Last October she was a member of the first World Health Organization Public Health Nursing Traveling Seminar in the USSR. Twenty-three nurses from 22 countries participated in the seminar.

1953

JEANETTE AVERILL has moved to Berne, Switzerland and is planning to enter public health nursing in that country.
HELEN T. WATSON is associate professor of nursing at the University of Connecticut, Storrs, Connecticut. She has been active in extracurricular affairs and has participated in the Windham Area Community Action Program, the Governor's Conference on Human Rights and Opportunities, Women's League and Day Care Center in Hartford. In 1966 she was appointed by Governor Dempsey as a member of a committee of 8 to plan for the organization of a State-wide Committee on the Status of Women and was elected secretary of the Executive Committee on the Status of Women when it was established.

1954

WILLIAM A. MARKEY has left his former position as administrator in the City of Hope Medical Center, Duarte, California and has joined the full time faculty of the University of Southern California School of Medicine. Mr. Markey held his former position for ten years. His principle assignment in his new position is the planning for a cancer research institute for the Los Angeles metropolitan area.

1955

NGUYEN VAN THO has been appointed Minister of Education in the Government of the Republic of Vietnam.

1957

PATRICIA ADAMS VISCOSI and her husband Armand John, announce the birth of a daughter, Carolyn, on February 27, 1967.

1958

EDWARD H. NOROIAN is the executive director of Presbyterian-University Hospital in Pittsburgh, Pennsylvania.
JOSEPH A. SCORPION has been promoted to the position of district health officer (Northeast District), Allegheny County Health Department. The Northeast District has a population of over 350,000 and encompasses 22 municipalities in addition to a segment of Pittsburgh.

1960

GYLA BROOKS is on the staff of New York University's School of Nursing as a clinical nursing specialist in rehabilitation and medicare. She serves as a liaison between the physical therapy and occupational therapy departments and the nursing pairlions. Her work is not limited to hospital areas and at time she goes into the patients home.
EILEEN FLYNN received her Doctor of Philosophy degree in 1965 from New York University and is working with the Lockheed Hospital Information Systems, a division of Lockheed Aircraft Company, Sunnyvale, California. Miss Flynn is developing the Nurses Reporting System for automated information processes of patient data.
JOHN R.C. PEARSON is the senior research fellow, Medical Care Research Unit, Manchester University, Manchester, England. He and Mrs. Pearson are the proud parents of a son, Daniel Christopher Warren, born April 6, 1966. Dr. Pearson has made several trips to the United States. The most recent was as a consultant for the Pan American Health Organization in which he helped the Ministry of Health of Columbia, South America, to organize and conduct a study of hospitals.

1961

NICHOLAS G. ALEXIOU formerly assistant professor at the Johns Hopkins University School of Hygiene and Public Health has been named as associate director of the New York State Health Department, Division of Preventive Services.
JOSEPH T. PREKUP is serving as president of the Arizona Hospital Association and also president of the Phoenix Regional Hospital Association.
HERBERT B. RUBINSTEIN has moved to Chicago, Illinois where he is the administrator of the Department of Pediatrics, Michael Reese Hospital and Medical Center. His area of responsibility is the 133 bed Sarah Morris Pediatric Hospital, Pediatric Research Laboratory and the Ambulatory Services Section.

1962

STELLA BOOTH is in the Office of the Chief of Endocrine Evaluation Branch of General Laboratories and Clinics of the National Cancer Institute, Bethesda, Maryland. Her major task concerns the development of a program for the epidemiology of breast cancer.

1964

JAMES J. CULHANE is the project director, Southwestern Maine Health Information Center, Portland, Maine.

IRENE PETRITSI FIGA-TALAMANCA has moved to Genoa, Italy where her husband is on the faculty of the University of Genoa. They also announce the birth of their first child, a son, born on the 25th of July, 1967.

1965

YONG C. KIM has been named the regional health educator, medical services, Department of National Health and Welfare, Regina, Saskatchewan, Canada. His duties include consultation with the medical and nursing staffs and with sanitarians and Indian and Eskimo county health workers. He is assisting in the development of a public health program for the native population which is largely comprised of Indians and Eskimos. His duties require him to travel extensively in the Arctic visiting Indian and Eskimo reservations.

SARAH L. TURNER has returned from Lebanon and is a member of the staff of the Psychiatric Epidemiology Research Unit of the Columbia University College of Physicians and Surgeons. The unit operates under the direction of ERNEST M. GRUENBERG, MPH 1959, Dr.PH 1945. Miss Turner is working in Dutchess County where one of the two field stations of the research unit is located. The program is engaged in evaluation studies on followup of patients who receive psychiatric care in certain public facilities in Dutchess County.

DAVID S. WEINER began August 1st in his new position as assistant director of the Childrens Hospital Medical Center in Boston.

1966

RAIF E. NASSIF is the acting director of the School of Medicine, American University of Beirut in Lebanon. Dr. Nassif also is professor of clinical pathology.

Picture Credits Morris Warman: cover, pp. 1, 2, 3, 4, 12, 15, 16 (bottom); A. Burton Street: pp. 5, 6, 11, 16 (top), 20, 23, 31; Averill A. Liebow, M.D.: p. 9; Historical Library, Yale School of Medicine: pp. 17, 18; Charles Alburtus, Yale University News Bureau: p. 21; Robert Perron: p. 22 (left); American Hospital Association: p. 33.

YALE MEDICINE

333 Cedar Street

New Haven, Conn. 06510